

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 days** (Specify whether)
In this community **33 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2519 Elmwood**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MR. STEVE KUZMIC**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **444-07-8883**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Ethel N. Kuzmic** 6. (c) Age of husband or wife if alive **62 years**
7. Birth date of deceased **August 6 1895**
(Month) (Day) (Year)

8. AGE: Years **52** Months **11** Days **5** If less than one day hr. min.

9. Birthplace **Thomas Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painting Contractor**

11. Industry or business **Far Fall**

12. Name **George Kuzmic**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen (Unknown)**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel N. Kuzmic**

(b) Address **2519 Elmwood**

17. (a) **Burial** (b) Date thereof **July 13, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **D. W. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-13-48** (b) **S. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **July** day **11**
year **1948** hour **7** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **May**, 19**48**, to **July 11**, 19**48**
that I last saw him alive on **July 10**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 4 days**
Duration
Due to **Hypertension** 1 year
Due to **arteriosclerosis** 2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **g30**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **J. Phelps** (M. D. or other)
Address **2519 Elmwood** Date signed **11 July 1948**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed James T. Blum
Licensed Embalmer No. 4453
P. O. Address St Louis City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.