No. 300
—10-47
5-17-39
P I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36440

Registrar's No. 4819

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: Four years

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.: 304 W. 44 St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Eddie Charvot

3. (b) If veteran, name war: No

3. (c) Social Security No.: 496-05-9747

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November (Month) 10th. (Day) 1896 (Year)

8. AGE: Years 52 | Months 0 | Days 15 | If less than one day: hr. min.

9. Birthplace: Bevier, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Joseph Charvot
13. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barbara Chervenke
15. Birthplace: Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Bess Charvot
(b) Address: 304 W. 44th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 11-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 25 year: 1948 hour: 11 minute: 5 A. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1948 to Nov. 25, 1948 that I last saw him alive on Nov. 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute hepatic insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1258
Of autopsy: See above

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

23. Signature: Wm. W. Hart (M. D. or coroner)
Address: Med. Dir. Gen'l Hosp. Date signed: 11-26-48

(Licensed Embalmer's Statement on Reverse Side)

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. Omer C. Dedelin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo.

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

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