

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23562
2968

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 20 YEARS		d. STREET ADDRESS (If rural, give location) 3916 COLLEGE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.P. TRACKS BELOW 12 TH ST VIADUCT			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) A.	c. (Last) OBERZAN	4. DATE OF DEATH (Month) (Day) (Year) JULY 7 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1906 AGE (In years) (last birthday) 42 YEARS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY PACIFIC-INTERNATIONAL EXPRESS	11. BIRTHPLACE (State or foreign country) WEST MINERAL KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN OBERZAN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE THELMA OBERZAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 494-14-5747	17. INFORMANT'S SIGNATURE OR NAME Mrs. THELMA OBERZAN	ADDRESS 3916 COLLEGE AVE. KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull Fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arm Fracture at Leg DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. P. 978			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION History & Infection	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicidal	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Public Place	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson 12 th MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-7-49 12:10A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Jumped off of Bridge
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12-MIDNIGHT from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) S	23b. ADDRESS 1034 Park to Bluff	23c. DATE SIGNED 7-7-49
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE JULY 8 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) PITTSBURG KANSAS
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DATE REC'D BY LOCAL REG. 7-8-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.