S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40816

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5432

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: WYANDOTTE 8150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 8
d. STREET ADDRESS (If rural, give location): 529 Ann Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle):
c. (Last): KOSMERL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Apr. 1, 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Butter mfg.
11. BIRTHPLACE (State or foreign country): Yugoslavia 8
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: (Unknown) Kosmerl
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Antonia Kosmerl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 487-09-7864
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Antonia Kosmerl, KCK

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease with Occlusion 1941 and — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arterio-sclerosis — 1941
DUE TO (c) and Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4201

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE-HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* _____ *19*41, *to* 12/23, *19*50, *that I last saw the deceased alive on* 12-20, *19*50, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Francis S. Carey (Degree or title): Francis S. Carey M.D. MD
23b. ADDRESS: Kansas City Kansas
23c. DATE SIGNED: 12/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 12/27/1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 12-26-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Skradski-Stine Matt Skradski
ADDRESS: KCK

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Matt Shrudki

Signed.....
Student Embalmer

Licensed Embalmer No. 4382

P.O. Address Kansas City Kans

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.