

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2552
2555

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 institution) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3308	
c. LENGTH OF STAY (If in place) 8 mo.		d. STREET ADDRESS (If rural, give locality) 2127 Summit St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2127 Summit St.			

3. NAME OF DECEASED (Type or Print) Joseph Veselnik			4. DATE OF DEATH (Month) (Day) (Year) 6-5-52		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-6-1891	9. AGE (In years, last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10. USUAL OCCUPATION (Give kind of work done during most of working life) Garage Maker	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Jeselnik	13b. MOTHER'S MAIDEN NAME Vol. Knous	14. NAME OF HUSBAND OR WIFE Jessie Jeselnik
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15. WAS DEPOSED EVER IN U.S. ARMED FORCES? (Yes, or if known) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 510-07-997	17. INFORMANT'S SIGNATURE OR NAME Jessie Jeselnik	ADDRESS Same
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Treated for heart at St. Mary's		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Heart diseased	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4343
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 6-5-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	(Degree or title)	23b. ADDRESS 1034 Park St. Bldg.	23c. DATE SIGNED 6-5-52
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24a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	24b. DATE 6-9-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Kan.
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DATE REC'D BY LOCAL REG. 6-6-52	REGISTRAR'S SIGNATURE Deraldine Holmes	TURF DIRECTOR'S SIGNATURE Reising Funeral Home: P.C.K.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

B. E. Weidert

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.