

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No. 2 West Missouri Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 60
 years, months or days)

3. (a) PRINT FULL NAME George Dedek 320

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive No record
 7. Birth date of deceased Oct. 17 1856
 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Bohemia
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Restruruant Owner

11. Industry or business None

12. Name No record

13. Birthplace No Record
 (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No Record
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Hlawaty

(b) Address 421 Prospect Kansas City Mo.

17. (a) Cremation (b) Date thereof Mar. 30 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) Mch 29, 1940 (b) M.M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
 (If outside city or town limit write "RURAL")
 (d) Street No. No. 2 West Missouri Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? about 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 20th 1940 to _____ 19____;
 that heart was alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 I state cause of death _____

Duration _____
Chronic myocarditis

Due to 92%

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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 place of place) Means of injury _____

23. Signature Gregory Subler (M.D. or other) _____

Address K.C. Mo Date signed _____

WRITE PLAINLY—USE 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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Reginald C. Browning

Licensed Embalmer No. 2724

P. O. Address H. 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, above space should be left blank.