

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

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:
4435 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 69 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Frantiska Dokulil 244

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 19 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Bohemia 7
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 7

11. Industry or business _____ 7

MOTHER FATHER { 12. Name Jacob Drakazal 7

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

14. Maiden name Anna Ruzich

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

16. (a) Informant Mrs. Anna Byrne Byrne

(b) Address 4435 Euclid

17. (a) Removal (b) Date thereof 6/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Neb.

18. (a) Signature of funeral director W. Mayberry

(b) Address 2315 Limwood

19. (a) June 18, 1940 M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
(c) City or town 4435 Euclid
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
69 Yrs.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17th
year 1940 hour 11^{am} minute 40 a.m.

21. I hereby certify that I attended the deceased from Apr 25 -
1940, 1940 to June - 17, 1940
that I last saw her alive on June 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 3 day
with broncho or lobes
Due to arterio sclerosis
(Senility)

Due to 97
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. Mayberry (a) _____ (b) _____
Address 832 Argyle Bldg Date signed 6/18/40

*W.S. Remberg
Empire State
No. 88173*

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 *W.S. Remberg*
Licensed Embalmer No. 2834
P. O. Address 2315 Linwood Blvd.

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.