No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41205

FILED JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4598

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

1. PLACE OF DEATH:

(a) County: Jackson Co

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Sugar Creek (If outside city or town limits, write "RURAL")

(d) Street No. 1143 Burton (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John Zorich - Jr -

3. (b) If veteran, name war: ✓ John Zorich, Jr. 3. (c) Social Security No. ✓

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: ✓

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: Nov (Month) 20 (Day) 1929 (Year)

8. AGE: Years 11 Months 0 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Sugar Creek (City, town, or county) Mo (State or foreign country)

10. Usual occupation: at school

11. Industry or business: ✓

FATHER 12. Name: John Zorich Sr.

13. Birthplace: Bedok (City, town, or county) Austria (State or foreign country)

MOTHER 14. Maiden name: Mary Helen Requice

15. Birthplace: Austria (City, town, or county) (State or foreign country)

16. (a) Informant: John Zorich - Sr.

(b) Address: Sugar Creek, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/2/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Moriah, Indep. Mo

18. (a) Signature of funeral director: George C. Carson

(b) Address: Independence, Mo.

19. (a) 12-240 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29-40 year ____ hour ____ minute 2:15 P.M.

21. I hereby certify that I attended the deceased from ____ 19 ____ to ____ 19 ____; that I last saw him alive on ____ 19 ____; and that death occurred on the date and hour stated above.

Coroner

Immediate cause of death	Duration
Compression of the Spinal Cord	
Due to: Compression Fracture of the Spine	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 2/25 Me	

Major findings: Of operations: ✓ 140

Of autopsy: ✓

PHYSICIAN — 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): accident

(b) Date of occurrence: 11-27-40

(c) Where did injury occur? Sugar Creek (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Struck by Sled while walking on Street (Specify type of place)

While at work? ____ (e) Means of injury: ✓

23. Signature: Russell W Lam (M. D. or other)

Address: ____ Date signed: ____

(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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2467

P. O. Address [illegible], NH

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.