

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PREPARED MAY 16 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13704**
1685
Registrar's No.

Registration District No. **399** Primary Registration District No. **100**

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether
In this community **About 20 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Vuich Tom (Vuich)**
3. (b) If veteran. name war **None** 3. (c) Social Security No. **487-10-9150**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred Vuich** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **September 15, 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **7** Days **11** If less than one day hr. min.

9. Birthplace **Ravlanje Jugoslavia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pipe Fitter**

11. Industry or business **Natural Gas Company**

12. Name **Mate Vuich**

13. Birthplace **Ravlanje Jugoslavia**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Ann Michalecki**

(b) Address **1425 Belleview, K. C. Mo**

17. (a) **Burial** (b) Date thereof **April 29, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Calvary Cem, K.C.K.**

18. (a) Signature of funeral director **M. Skudsk & Son**

(b) Address **344 N. Fifth, K.C.K.**

19. (a) **Apr 28 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1425 Belleview**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th**
year **1941** hour **7** minute **15** P. M.

21. I hereby certify that I attended the deceased from **April 14th 1941 to April 26th 1941**,
that I last saw h. **im**, alive on **April 26th 1941**,
and that death occurred on the date and hour stated above.

Immediate cause of death
**Primary carcinoma of lung; Pericarditis
Empyema of lung**

Due to **11/4/41**
Due to **47d**

Other conditions **Irradiation pneumonia; Acute
congestion of lungs-kidneys, spleen**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **See above**

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?

(Specify type of place) While at work Means of injury

23. Signature **Dwight R. Shorn** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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: *Mat M. Skradsh*

Licensed Embalmer No. *3993*

P. O. Address: *Kansas City, 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.