

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20693

State File No. 2223

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson County

(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: Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 4 years 2 months  
years, months or days

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. 5331 Highland  
(If rural, give location)

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

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3. (a) PRINT FULL NAME Frank Vorel

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Rob 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 30<sup>th</sup> 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>		<u>7</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Frank Vorel

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernice

(b) Address 5331 Highland Ave

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wurk + Spind Co

(b) Address K 6 Mo

19. (a) 6/9/1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7<sup>th</sup>  
year 1941 hour 10 minute 4 M.

21. I hereby certify that I attended the deceased from April 3, 1941, to June 4, 1941  
and that death occurred on June 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Paralyzed arteries

Due to sclerosis

Other conditions 94a

Major findings: Of operations 94b

Of autopsy no

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 John T. Skinner (M. D. or other) M.D.  
Address 11402 Bryant Bldg Date signed 6/9/41

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

82048

**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.....

*Harold Perry*

Licensed Embalmer No. ....

*4097*

P. O. Address.....

*20 W. Linwood*

**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.**