S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29528

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3444

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: ST MARY'S HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/5/42 to 9/18/42 (Specify whether
In this community about 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County WYANDOTTE 699

(c) City or town KANSAS CITY 14
(If outside city or town limits, write "RURAL")

(d) Street No. 404 THOMPSON
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME NICK PERKOV

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-9018

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive ___ years

7. Birth date of deceased SEPT (Month) 12 (Day) 1891 (Year)

8. AGE: Years 51 Months 0 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace SIBENIK, DALMATIA (City, town, or county) YUGOSLAVIA (State or foreign country)

10. Usual occupation ORDERLY

11. Industry or business HOSPITAL

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mary Perkov

(b) Address 404 Thompson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director M Skradski Jr

(b) Address 344 N 5th K.C.K.

19. (a) 9/19/42 (Date received local registrar) (b) M M Grover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour 8:15 minute a.m. A.M.

21. I hereby certify that I attended the deceased from 8 - 6, 1942 to 9 - 18, 1942 that I last saw him alive on 9 - 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chronic Endocarditis & acute Endocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aortic and Mitral Valve lesions c̄ acute Dilated heart

Duration

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)

(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? (e) Means of injury

23. Signature Paul F. Stookey (M. D. or other)

Address Argyle Bed K.C. Date signed Sept 1942

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1954

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 Matt Shrodsh Jr

Licensed Embalmer No. 3993

P. O. Address Kansas City Kans.

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.