. S. No. 2
M—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39897

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4815

1. PLACE OF DEATH:

(a) County Jackson
(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: 1028 Ewing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1028 Ewing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rady Ogrizovich

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

4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Dora Ogrizovich
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Dec. 15, 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Yugoslavia 8 (City, town, or county) (State or foreign country)
10. Usual occupation Huckster
11. Industry or business
FATHER
12. Name No record
13. Birthplace Yugoslavia 8 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace Yugoslavia 8 (City, town, or county) (State or foreign country)
16. (a) Informant Dora Ogrizovich
(b) Address 1028 Ewing, K.C.Mo.
17. (a) ~~Burial~~ (~~Burial, cremation, or removal~~) (b) Date thereof Dec. 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park, K.C. Kansas
18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. ave. K.C.Mo.
19. (a) Dec. 24, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1942 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from Coroner, 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary emphysema & dilatation of the heart.
Due to
Due to 95C3
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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 [signature] (M. D. or other)
Address K.C. Mo. Date signed 12/24/42

(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 P. J. Shell

Licensed Embalmer No. 3625

P. O. Address.....

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.