

o. 2  
5-42  
-17-39  
1 X32873

10029

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1068

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:  
6200 E 7th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 6200 E 7th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Anna Muza

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4  
year 1944 hour 6:00 minute 7 M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Muza

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25, 1901  
(Month) (Day) (Year)

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

8. AGE: Years 42 Months 11 Days 459 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Acute carbon monoxide intoxication

Duration \_\_\_\_\_

9. Birthplace Checho-Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At Home

Due to Gasoline motor (Car)

Due to \_\_\_\_\_

MOTHER FATHER

12. Name Mike Horvath

13. Birthplace Checho-Slovakia  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy see above

16. (a) Informant John Muza

(b) Address 6200 E 7th St. K.C. Mo.

17. (a) Burial (b) Date thereof Mar. 8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St Marys Cemetery  
Sheil Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 3-7-44 (b) D. C. Brown  
(Date received local registrar) (Registrar's signature)

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) suicide

(b) Date of occurrence 3/4/44

(c) Where did injury occur? K.C. Mo. Jackson Co.  
(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) \_\_\_\_\_  
Means of injury left motor of car

23. Signature Dr. G. W. Fisher (M. D. or other)  
Address 2312 a N. 1st St Date signed 3/4/44

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

**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.....

*John P. Shield*

Licensed Embalmer No.....

*3625*

P. O. Address.....

*K 6 MD*

**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.**