

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3248 Sullivan Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3248 Sullivan Rd
(If rural, give location)

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

3. (a) PRINT FULL NAME NAWRZENCZAK-John A.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9th year 1944 hour 7:25 minute P M.

4. Sex Male 5. Color Wh race Wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h Deputy Coroner _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: 59 Years Months Days If less than one day
hr. min.

Duration

Acute coronary occlusion

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation Painter

Major findings: Of operations _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

Of autopsy Inspection History

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs Harry E Bosley

(b) Address 3248 Sullivan Rd

17. (a) Burial (b) Date thereof 4-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Suddeeth

(b) Address _____

19. (a) 4-14-44 (b) N. O. Brown
(Date received local registrar) (Registrar's Signature)

(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 A. E. Usher (M. D. or other) M. D.
B. McCoy Date signed 4/11/44

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.....

Licensed Embalmer No.....

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.