

FILED MAY 13 1944
Registration District No. 184

Primary Registration District No. 5595

1. PLACE OF DEATH: Jefferson, Rock Township
(a) County Jefferson, Mo.
(b) City or town Rural, Murphy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural, Rock Township
(If outside city or town limits, write "RURAL")
(d) Street No. Murphy (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Mraz
3. (b) If veteran. _____ name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anne Mraz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Dairy

MOTHER FATHER { 12. Name Joseph Mraz
13. Birthplace Chelvocke
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Mraz
(b) Address R.R.#1 Valley Park, Mo.

17. (a) Burial (b) Date thereof May 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cemetery
Kenon, Mo.

18. (a) Signature of funeral director J. H. Bopp, Inc
(b) Address Kenon, Mo.

19. (a) 4/30/44 (b) W. J. Mraz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29 year 1944 hour 11 minute 9 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to April 29 1944
that I last saw him alive on April 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Due to age

Due to _____
Other conditions 710
(Include pregnancy within 3 months of death)

Major findings: Of operations 710
Of autopsy No.
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. J. Mraz (M. D. or other) _____
Address Kenon Mo. Date signed 4/30/44

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

5000

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-12-44

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

Felix Hissard

Licensed Embalmer No.

3034

P. O. Address

Rivewood mds

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.

MAY 19 1944