V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12053

FILED APR 23 1945

Registration District No. 1459 Primary Registration District No. 1002 Registrar's No. 1645

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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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Few Hours (Specify whether
In this community 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 40
(If outside city or town limits, write "RURAL")
(d) Street No. 1029 East 12 St. 3
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Russell Euzan
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 486-07-7900
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary L. Euzan
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Feb 6 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	2	4	hr. min.

9. Birthplace Creighton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Transfer work
11. Industry or business Murray Tsfr. Co
FATHER
12. Name William Euzan
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Plumber
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Pird Euzan
(b) Address 2617 East 78 St Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 4-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1945 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Septicemia
Pub. Duct Hemorrhage
Due to Trauma Dur to Fall
Due to 1860-5
Other conditions 14
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy Multiple Contusions of Scalp
Sub Dural Hemorrhage

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) accident 123
(b) Date of occurrence 4/10/45
(c) Where did injury occur? Home Kansas City
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Holmes Jr Clifton (M. D. or
Address 1234 Paseo K C Mo Date signed 4/11/45

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1945

MAY 25 1945

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

K. C. Mo

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.