

FILED DEC 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. 36918

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Clay

(b) City or town W. Hill Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town 2735 Stewart  
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City - Kansas  
(If rural, give location)

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

3. (a) PRINT FULL NAME Eli Cikara

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 466-05-6028

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec 26 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Diogo - SLAVIA  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone - mason

11. Industry or business \_\_\_\_\_

12. Name Nick Cikara

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs Frances E. Warick

(b) Address 2735 Stewart

17. (a) Removal (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director SKladski Funeral Home

(b) Address 344 N 5th Kansas City, Kansas

19. (a) Nov 15 1945 (b) Beulah Kitcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death man found on bank of no river apparently drowned Duration \_\_\_\_\_

Due to had been partly blind for 6 or 8 months

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 15.3 18.20

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

(b) Date of occurrence unknown

(c) Where did injury occur? Wilmington, Del  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Body found on bank of no river  
While at work? unknown (Specify type of place) (e) Means of injury drowned

23. Signature Wm. J. Morton Date, signed 11/17/45  
Address 1101 Kansas City Mo

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

MOTHER FATHER

1411

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-5-71

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.

*Body not embalmed*

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.

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 1111 Registrar's No. 97

Registration District No. 72 Primary Registration District No. 5289

1. PLACE OF DEATH: (a) County Clay (b) City or town Gallatin Rural (c) Name of hospital or institution Gallatin township (Rural) (d) Length of stay: In hospital or institution. In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (c) City or town (d) Street No. (e) Citizen of foreign country? If yes, name country.

3. (a) PRINT FULL NAME Eli Cikara (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month year 1940 hour minute M. 21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 7. Birth date of deceased Dec 26

8. AGE: Years 55 Months Days hr. min.

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

10. Usual occupation

11. Industry or business MOTHER FATHER { 12. Name 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation

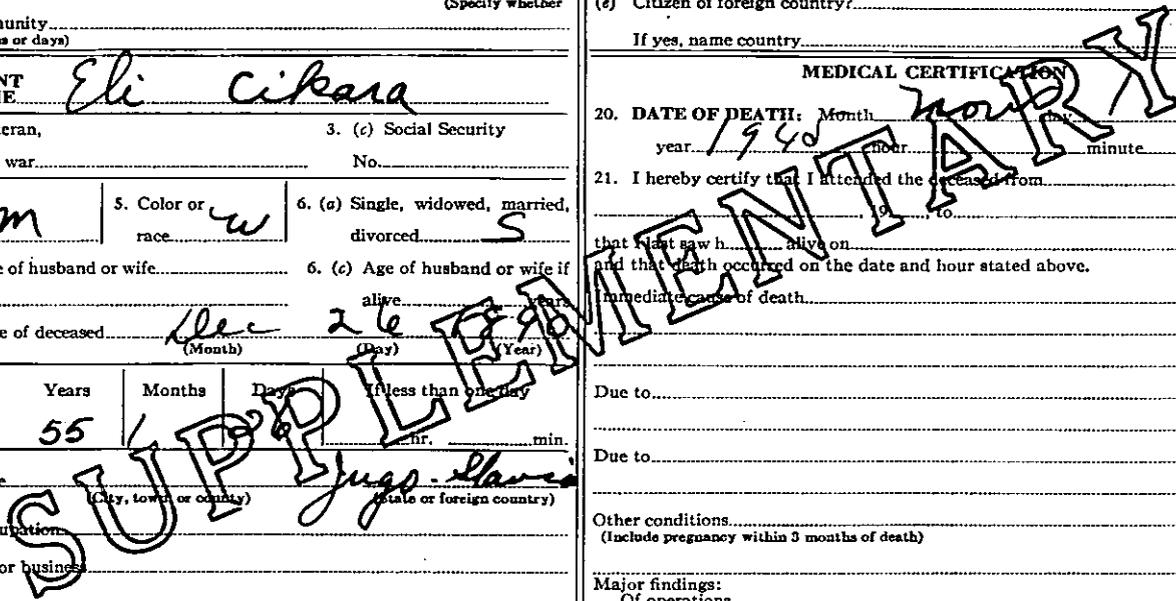
18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy

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 (M. D. or other) Address Date signed



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

36918