

FILED JUN 25 1946

Registration District No. **149**

Primary Registration District No. **1002**

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:
Reserch Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **25 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Jackson** **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3031 E 27th** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT

FULL NAME **Jake Yaskolka**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **anna Yaskolka**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

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

9. Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Metal Dealer (retired)**

11. Industry or business

MOTHER FATHER {
12. Name **Unknown**
13. Birthplace **"** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **"** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Morris Yaskolka**

(b) Address **3031 E 27th, K.C.Mo.**

17. (a) **Burial** (b) Date thereof **6/11/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cem**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**

(b) Address **3400 Woodland Ave., K.C.Mo.**

19. (a) **6-11-46** **Eraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **June** day **10**
year **1946** hour **8** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **April 27**
1946 to **June 10** 19**46**
that I last saw him alive on **June 9** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease yrs.**

Due to **-**

Due to **-**

Other conditions (Include pregnancy within 3 months of death) **93 d**

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?
(Specify type of place) **-**

While at work? (e) Means of injury **-**

23. Signature **L.F. Steffen** (M. D. **over**)
Address **1220 Professional Bldg** Date signed **6-11-46**

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

1946

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.....

A. L. Loun

Licensed Embalmer No..... *3110*

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.