

FILED SEP 13 1948

Registration District No. **59**Primary Registration District No. **5228**Registrar's No. **153**

## 1. PLACE OF DEATH:

(a) County **Cass Peculiar Twp.**  
(b) City or town **Peculiar, Harrison Co. Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)3. (a) PRINT FULL NAME **Joseph Mickey Patrusick**3. (b) If veteran,  
name war **W. W. II**3. (c) Social Security  
No. **496-20-6954**4. Sex **Male** 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 \_\_\_\_\_ years7. Birth date of deceased **12 3 25**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**22 8 29** hr. min.9. Birthplace **510 North Bellington K.C. Mo.**  
(City, town, or county) (State or foreign country)10. Usual occupation **LABOR**

11. Industry or business

12. Name **John George Patrusick**13. Birthplace **Yugo Slavia**  
(City or county) (State or foreign country)14. Maiden name **Tonka Droskovic**15. Birthplace **Yugo Slavia**  
(City, town or county) (State or foreign country)16. (a) Informant **John George Patrusick**(b) Address **2804 Nicholson, K.C. Mo.**17. (a) **Removal** (b) Date thereof **9/14/48 Mo.**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **MT. Calvary, K.C. Mo.**18. (a) Signature of funeral director **William B...**(b) Address **Harrisonville, Mo.**19. (a) **Sept. 5, 1948** (b) **Laura J. Jones**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrisonville**  
(c) City or town **Harrisonville, Harrison Co. Mo.**  
(If outside city or town limits, write "RURAL")(d) Street No. **2804 Nicholson** **48**  
(If rural, give location)(e) Citizen of foreign country? **No** (Yes or No) **8**

If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5<sup>th</sup>**  
year **1948** hour **12:15** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death **FRacture Cervical Vertebrae**  
**CONTUSIONS Head & Chest**

Due to \_\_\_\_\_

Due to **Auto Accident**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) **Accident**(b) Date of occurrence **9/5/48**(c) Where did injury occur? **Harrisonville Cass Mo.**  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**W.S. Highway # 91**  
While at work? \_\_\_\_\_ (Specify type of place) **Over street bridge**  
(e) Means of injury23. Signature **J. H. Barger** (M. D. or other) **MD**Address **Harrisonville, Mo.** Date signed **9/5/48**

SEP 30 1948

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

*Floyd Atkinson*

Licensed Embalmer No.

3920

P. O. Address

*Harrisville*

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.