FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36742

State File No.

FILED NOV 16 1948

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4410

WRITE PLAINLY—USING 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: Little Sisters of Poor, 52nd & Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 years (Specify whether years, months or days)
In this community: 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No.: 11502 Gill St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Zuzi Mayernik
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mr. Joseph Mayernik (deceased)
6. (c) Age of husband or wife if: years
7. Birth date of deceased: March 19, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	9	hr. min.

9. Birthplace: Austria Hungary (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: self employed
FATHER
12. Name: John Prokop
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Kazimir
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Anna Halastik
(b) Address: 11502 Gill St. Sugar Creek, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cem. Indep. Mo.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 10-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 28
year: 1948 hour: 11:00 minute: A.M.
21. I hereby certify that I attended the deceased from Oct 1, 1948, to Oct 28, 1948, that I last saw h. alive on Oct 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 days
Due to: Myocarditis & hypertension	year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: no	
Of autopsy: no	

PHYSICIAN
Underline the cause of 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: John T. Skinner (M. D. or other) MD
Address: 1B Board of H.P. KC Date signed: 10/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard D. Mullins, Registered Apprentice No. 268 working under my personal supervision.

Signed Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Indy MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.