

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
FEB 11 2003
 LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF HEALTH
 Division of Vital Statistics

8832

DEPARTMENT OF COMMERCE
 Bureau of the Census

STANDARD CERTIFICATE OF DEATH
 STATE OF NEBRASKA

State File No. _____

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Omaha
 (c) Name of hospital or institution: 3008 So 20th
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 25 years years, months or days)

3(a) FULL NAME Joseph Ruzicka
 3(b) If veteran, R-220
 name war _____

4. Sex Male 5. Color White 6(a) Single, widowed, mar-
 ried, divorced Widowed

6(b) Name of husband or wife Josephine (Deceased) 6(c) Age of husband or
 wife if alive _____ yr.
 7. Birth date of deceased 1-6-1859
 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation brick layer

11. Industry or business General Contractor

12. Name John Ruzicka

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

14. Maiden name Anna Pomisek

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

16 (a) Informant's Joseph Ruzicka Jr
 (b) Address 3008 So 20th

17 (a) General (b) Date thereof 9-4-40
 (Ritual, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial St Mary's

18 (a) Signature of funeral director Svorak Chapuran
 (b) Address 16 S. Vinton

19 (a) 9-7-40 (b) DeFarman
 (Date received local registrar) (Registrar's signature)

Mother
 Father

2. USUAL RESIDENCE OF DECEASED:
 (a) State Nebraska (b) County Douglas
 (c) City or town Omaha
 (If outside city or town limits, write RURAL)
 (d) Street No. 3008 So 20th
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? 68 years.

MEDICAL CERTIFICATION
 20. Date of death: Month September day 1 1940
 hour 7 minute 30 PM

21. I hereby certify that I attended the deceased from Sept 1 1940
 that I last saw him alive on Jul 2nd 1940

and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Dilatation Heart Duration 5 min

Due to _____
 Due to Mitral Insufficiency

Other conditions PHYSICIAN
 (Include pregnancy within 2 months of death)

Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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 Quas J. Hense (M. D. or other) _____
 Address 629 City Nat Bank Bldg Date signed Sept 3