

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2567

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1398.
(b) Township Blue Primary Registration District No. 5554
(c) City or Kansas City (d) Street No. 510 Huttig St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 28.

2. PRINT FULL NAME

(a) Residence, No. 500 Madame A. Roney St.
516 Huttig, Summit St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helmer E. Roney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1891
7. AGE YEARS 48 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pipon, Miss
13. NAME John R. Katarzak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamaguy, Miss
15. MAIDEN NAME Gustaf Gontkowski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pipon, Miss
17. INFORMANT (ADDRESS) Helmer E. Roney
510 Huttig
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Jan. 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) George E. Carson
Independence, Mo.
20. FILED 1-30-39 1939 F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 193922. I HEREBY CERTIFY That I attended deceased from Nov. 3, 1937, 19....., to Jan 26 - 1939I last saw her alive on Jan 26 - 1939 Death is saidto have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis of both
branches -
metastases on 50
per cent

Date of onset

Other contributory causes of importance:

Developed pneumonia in
middle lobe at lungs
48 hr preceding death
Name of operating physician Dr. G. H. Allen Date of operation Nov. 1937
Was there an autopsy? NO

28. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) G. H. Allen, M. D.366 (Address) Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.