

REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 28218
Registrar's No. 3220

Registration District No. _____

Primary Registration District No. 1062

1. PLACE OF DEATH:

- (a) County Jackson
- (b) City or town Yreka (If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Yreka Gen. Hosp (If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 3 days (Specify whether _____)
- In this community 26 years (years, months or days)

3. (a) PRINT FULL NAME

John Jaworski

3. (b) If veteran,

name war _____

3. (c) Social Security

No. Unk

4. Sex

m

5. Color or

race w

6. (a) Single, widowed, married,

divorced m

6. (b) Name of husband or wife

Janice

6. (c) Age of husband or wife if

alive unk years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

64-6

hr.

min.

9. Birthplace

Yreka

(City, town, or county)

(State or foreign country)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

John Jaworski

13. Birthplace

Sweden

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary

15. Birthplace

Sweden

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Rebecca Clark

(b) Address

Yreka Gen. Hosp Yreka

17. (a)

Burial

(b) Date thereof

(Month)

(Day)

(Year)

(Burial, cremation, or removal)

8-14-39

(c) Place: burial or cremation

Memorial Park Cem. Yreka

18. (a) Signature of funeral director

H. T. Tupper & Son

(b) Address

Yreka, Kansas City, Mo

19. (a)

9/14/39

(b)

M. M. Crowe

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Jackson
- (c) City or town Yreka (If outside city or town limits, write "RURAL")
- (d) Street No. 722 Harrison (If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1939 hour 4 minute 50 A. M.21. I hereby certify that I attended the deceased from 8-9, 1939 to 8-11, 1939;that I last saw him alive on 8-11, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive heart diseaseDue to Chronic vascular nephritisDue to Coronary atherosclerosis B1

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

See above

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?

While at work?

(Specify type of place)

(e) Means of injury _____

23. Signature P. J. De Maria MD (M. D. or other)Address Yreka Gen. Hosp Date signed 8-11-39

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

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.

I X1931

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 _____

Francis Walton

Registered Apprentice No. _____

working under my personal supervision.

H. T. Tegeman & Sons

Signed

H. T. Tegeman

Licensed Embalmer No. _____

P. O. Address

74 E. 2nd

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.