REC'D NOV 20 1939

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

35502
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 101 — Registered No. 1014

(c) or City St. Joseph — (d) Street No. 1706 7th Ave. St.

(e) Length of residence in city or town where death occurred 34 yrs. - mos. - ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? 34 yrs. - mos. - ds.

**2. PRINT FULL NAME** 527 Marie Janecek

(a) Residence, No. 1706 7th Ave. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Janecek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1874.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 0 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Unknown Czechoslovakia

FATHER

13. NAME Louis Klein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Czechoslovakia

MOTHER

15. MAIDEN NAME Mary P ???

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Czechoslovakia

17. INFORMANT (ADDRESS) Joe Janecak 1706 7th Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Oct. 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 10/5 1939 H. J. Nettleburg
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 15 1939, to Oct. 1, 1939
I last saw her alive on Oct. 1, 1939 Death is said to have occurred on the date stated above, at 2:15A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis. | - |

Other contributory causes of importance:
Enlargement of Lymph Oedema general. July 39

Name of operation none Date of
What test confirmed diagnosis? Clear Was there an autopsy? No

23. 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? No
If so, specify
(Signed) Frank Hardegaer, M. D.
(Address) Kansas Ave. 3 dg

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

V. S. No. 2. 50M-9-19-38 I X16605

## 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 Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address St. Joseph, Mo.

**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.**