

Registration District No. **19039**

Primary Registration District No. **3156**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural Golden City Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 yrs (years, months or days)

3. (a) PRINT FULL NAME John Peter Prochaska 622

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17th 1905
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>8</u>	<u>4</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Prochaska

18. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Mary POLSI

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

16. (a) Informant's own signature Mrs Lillian Prochaska

(b) Address Lamar MO.

17. (a) Removal (b) Date thereof Nov 22nd, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prague Nebraska

18. (a) Signature of funeral director River Funeral Home
 (b) Address Lamar, MO.

19. (a) Nov 22 - 39 (b) Mrs Margaret Grace Jm
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 21st
 year 1939 hour 8 minute 25 P. M.

21 I hereby certify that I attended the deceased from July 1939, to November 21, 1939.
 that I last saw him alive on November 21, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Carcinoma of stomach & metastasis to brain 2 yrs

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 4-10

Major findings: Of operations _____
 Of autopsy

PHYSICIAN
 Underline the cause to 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 22. Signature James A. Atkins (M. D. number) _____
 Address Lamar, Mo Date signed 11/22/39

WHILE FILLING IN 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.

RECEIVED

District Health Officer No. 6,

District file number 1239-2395

Date Filed DEC 4 1939

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 *R. C. Watson*

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.