

WRITE 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.

FEB 24 1941 750
Registration District No.

Primary Registration District No. 5985

Registrar's No. 1660

1. PLACE OF DEATH: Ripley

(a) County Ripley

(b) City or town Doniphan Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution did at home - Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 35 year.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Doniphan Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) Rural

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES MAREK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 1st
year 1940 hour 5: minute 30, P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Dolgal

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 8, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 14, 1940, to February 1, 1940
that I last saw him alive on January 14, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 23
If less than one day hr. min.

Immediate cause of death: Wrenia

Due to Hypertension and aortic aneurysm

Due to _____

9. Birthplace Washington Co., Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

11. Industry or business for self

12. Name Joe Marek

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

14. Maiden name Lukowski

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Anna Marek

(b) Address Doniphan Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof 2-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

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? _____

18. (a) Signature of funeral director F. E. Jordan

(b) Address Doniphan Mo.

19. (a) Feb 2-1940 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. Galbreath (M. D. or other) _____

Address Doniphan Mo Date signed 2-3-40

92a

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. E. Jordan

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-35-
Do not use this space.

1. PLACE OF DEATH

(a) County Repley Registration District No. 750
 (b) Township Doniphan Primary Registration District No. 0985 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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.

2. PRINT FULL NAME James Maren

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 11 23

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Uremia
hypertension and
arterio Sclerosis
chronic nephritis
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. E. Williams, M. D.
 (Address) Doniphan mo.

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SUPPLEMENT

S-3535