

10-30  
7-30  
X2142

**AUG 10 1940**  
Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **743**

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
611 Alabama St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None **2**  
 (Specify whether years, months or days)  
 In this community 13 years.

**8. (a) PRINT FULL NAME** John Plekan **425**  
**8. (b) If veteran,** name war None  
**3. (c) Social Security No.** None

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

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** July (Month) 6 (Day) 1927 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>0</u>	<u>3</u>	hr. _____ min.

**9. Birthplace** St. Joseph Missouri **0**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Student 8th grade **7**

**11. Industry or business** Benton High School **7**

**12. Name** Harry Plekan **7**  
**18. Birthplace** Austria Hungary  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Mary Dmytruk  
**15. Birthplace** Austria Hungary  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Harry Plekan  
**(b) Address** 611 Alabama Str. St. Joseph, Mo.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** July 12, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Olivet Cemetery.

**18. (a) Signature of funeral director** Herman W. Sanderford  
**(b) Address** 1802 Union Str. St. Joseph, Mo.

**19. (a) 7/12/40** **(b) J. J. Neathus**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
**(d) Street No.** 611 Alabama  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 9th  
 year 1940 hour 9 minute 00 P. M.

**21. I hereby certify that I attended the deceased from** July 10th **40**  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on 7/10/40 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

\_\_\_\_\_ **none**

**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?** 85  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury Coroner

**28. Signature** R. W. Tadlock **(M. D. or other)** MO  
 Address King Hill Bldg Date signed 7-10-40

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

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**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 *Chas E. Hodges*

Licensed Embalmer No. 2720

P. O. Address St. Joseph, Missouri.

**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.**