

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether _____)
In this community 10 years
years, months or days

3. (a) PRINT FULL NAME Luther Warren Stanka

3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Male
5. Color of hair 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 June 18 - 1922
(Month) (Day) (Year)

8. AGE: Years 18 Months 0 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Neosho Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Leopold Stanka
13. Birthplace Neosho Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Parr
15. Birthplace Day Hill Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Leopold Stanka

(b) Address Peccular Mo.

17. (a) Burial (b) Date thereof 7 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peccular Cem.

18. (a) Signature of funeral director Williamson
(b) Address Harrisonville Mo.
19. (a) 7-9-40 (b) Seckusky D.S.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Peccular
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 2 30 P. minute 30 P. M.

21. I hereby certify that I attended the deceased from 12:30 PM July 8 1940 to 2:30 July 8 1940; that I last saw him alive on July 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Basal fracture skull Duration 2 hrs

Due to Injury - fell from moving truck.

Due to _____
Other conditions Fracture left ankle, abdomen
(Include pregnancy within 3 months of death)

Major findings: Of operations 7 10 7
Of autopsy 7 5 8
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) Accident
(b) Date of occurrence 7/8/40

(c) Where did injury occur? W. Peccular sup. Cass Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on country road
While at work yes (Specify type of place) fell from moving truck
(e) Means of injury

23. Signature Martin J. Robbins (M. D. or other) M.D.
Address Peccular, Mo. Date signed 7/8/40

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

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 *Hynd W. Hines*

Licensed Embalmer No. 3420

P. O. Address Harrisonville 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.