

No. 2
4-12-40
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 31445
Registrar's No. 1003

Registration District No. 85 Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 15 days
In this community 15 days

3. (a) PRINT FULL NAME Lee Graham (Alais) Edward A. Szumczyk
(b) If veteran, name war None (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1917

8. AGE: Years About 23 Months ? Days ? If less than one day _____ hr. _____ min.

9. Birthplace Unknown Unknown

10. Usual occupation Carnival worker

11. Industry or business Melvin's United Shows.

12. Name Unknown

13. Birthplace Unknown Unknown

14. Maiden name Unknown

15. Birthplace Unknown Unknown

16. (a) Informant Hike Waldrich

(b) Address Melvin's United Shows.

17. (a) Burial (b) Date thereof Sept. 18, 1940

(c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director H.O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Sept 18 1940 (b) [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County Unknown
(c) City or town New York City, ?????
(d) Street No. Unknown
(e) If foreign born, how long in U. S. A. ????? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 11th year 1940 viewed 1 minute 50 P.
21. I hereby certify that I attended the deceased from Sept. 12, 1940
that I last saw him alive on _____, 19____, to _____, 19____,
and that death occurred on the date and hour stated above.

General cause of death Infected stab wound in neck.
Due to _____
Due to _____

Other conditions None
Major findings: None
Of operations _____
Of autopsy as above.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Aug. 27, 1940.
(c) Where did injury occur? Forest City, Holt, Missouri
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? Yes (Specify type of place) _____
(e) Means of injury Knife wound
23. Signature [Signature] (M. D. or other) Cover
Address King Hill Bldg. Date signed 4/12/40

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, fact should be so stated above.