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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34890

Registration District No. 20 Town

Primary Registration District No. 1001

Registrar's No. 1169

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours (Specify whether years, months or days)
In this community 43 years

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.: 837 South 22nd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME: Clemens Karkoszka
3. (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: married
6. (b) Name of husband or wife: Stella
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Nov 18, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	15	hr. min.

9. Birthplace: Poland (City, town, or county) (State or foreign country)
10. Usual occupation: Butcher retired
11. Industry or business: Swift & Co
MOTHER FATHER
12. Name: Joseph Karkoszka
13. Birthplace: Agnes unknown (City, town, or county) (State or foreign country)
14. Maiden name: Agnes unknown
15. Birthplace: Poland (City, town, or county) (State or foreign country)
16. (a) Informant: Stella Karkoszka
(b) Address: 837 South 22nd St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral Home
(b) Address: 218 South 10th St
19. (a) 11/3/40 (Date received local registrar) (b) R J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1940 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from 8 PM Nov 2, 1940, to 9:45 AM Nov 3, 1940 that I last saw h alive on Nov. 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Surgical Shock — Duration: 12 hours
Due to: Fractures of left femur and right tibia and fibula and right forearm, scalp wound and other injuries — Duration: 12 hours
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: Same as above

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: Nov 2, 1940
(c) Where did injury occur? Saint Joseph, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While walking across a street intersection (Specify type of place)
While at work? no (e) Means of injury: Automobile
23. Signature: Gordon Dewright MD (M. D. or other) M.D.
Address: 845 So 19th St. Saint Joseph, Mo. Date signed: 11/4/40

(Licensed Embalmer's Statement on Reverse Side) T. JOSEPH

Dr Wright

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 John E. Myers

Licensed Embalmer No. 13220

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.