

Registration District No. **779**

Primary Registration District No. **60240**

Registrar's No. **9**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-15 1940 to 10-30 1940
that I last saw her alive on 10-30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: metastatic carcinoma of the bladder
Due to infect.

Duration

unt.

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

Major findings: none
Of operations: _____
Of autopsy: _____

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) _____
(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? 700

While at work? _____
(Specify type of place) (Specify means of injury)
23. Signature W. O. Parke (M. D. or other) _____
Address Desloge Mo Date signed 11-4-40

8. (a) PRINT FULL NAME BARBARA JANCAK

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

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

6. (b) Name of husband or wife ADAM JANCAK 6. (c) Age of husband or wife if alive ✓ years 40

7. Birth date of deceased Nov. 22 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Michael Niebauer

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

14. Maiden name Unknown

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

16. (a) Informant Mike Jancaak

(b) Address Banndlare 770

17. (a) Cremial (b) Date thereof Nov 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Catholic C.

18. (a) Signature of funeral director Banham

(b) Address 313 Banham Banndlare 770

19. (a) 12-9-40 (b) W. O. Parke
(Date received local registrar) (Registrar's signature)

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.....

C. J. Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Conno Ave. W.

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.