

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4809

1. PLACE OF DEATH:

Jackson

(a) County
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day (Specify whether /)
In this community. 27 years
years, months or days)

3. (a) PRINT FULL NAME. JOSEPHINE KROWIAK

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife. Sebastian Krowiak 6. (c) Age of husband or wife if alive. XX 1947
7. Birth date of deceased. March 19 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 68 8 27 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business. XXX

12. Name. John Krzyzyk

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

14. Maiden name. Mary

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

16. (a) Informant. Miss Mary Friday

(b) Address. 712 Winchester

17. (a) Burial (b) Date thereof. 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Marys Cemu.

18. (a) Signature of funeral director. Sheil. F. Home

(b) Address. 6606 Indep. Ave. - City

19. (a) 12-18-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 712 Winchester
(If rural, give location).
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. ec. day 16th
year 1940 hour 9 minute. 05 A.M.

21. I hereby certify that I attended the deceased from 12-15-40, 19____, to 12-16-40, 19____.
or 12-16-40, 19____.
that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death. Diabetes, Pancreatitis, Cirrhosis of liver, Chronic nephritis
Duration _____

Due to _____
Due to _____ 59

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

Major findings: _____
Of operations. _____

Of autopsy. See above

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? _____

(e) Means of injury _____
(Specify type of place)

While at work? _____ (Specify type of place)

23. Signature Dwney Polkow (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital, K.C., Mo.

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

MOTHER FATHER

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.....

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K. C. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No. _____
Local Registrar's No. 4809

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of January, 1941, before me appears Mary Friday, who, upon her oath, states that the original record of ^{birth} ~~death~~ for Josephine Krotviah ^{died} ~~born~~ Dec 16, 1940, in the State of Missouri, and which was filed at Kansas City on Dec 18, 1940, should be corrected as follows:

Item No. 7 should read March 19 1876

Instead of March 19 1872

Item No. 8 should read 6 1/4 yrs 8 mo - 27 days

Instead of 68 yrs 8 mo 27 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mary Friday Daughter Relationship.
712 Winchester, K.C. Mo Present Address.

Subscribed and sworn to before me this 15 day of January, 1941.
My Commission expires Sept 27, 1943 Margaret M. Crowe Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-41416-1946