

FEB 10 1941

## STANDARD CERTIFICATE OF DEATH

State File No. 4780

Registration District No. 906

Primary Registration District No. 6224

Registrar's No. 98

## 1. PLACE OF DEATH:

- (a) County Wright  
 (b) City or town Hartsville (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 4 months  
years, months or days)3. (a) PRINT FULL NAME SIMON JOSEPH DEMBOWSKI

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ROSA DEMBOWSKI 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 24 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Poland  
(City, town, or county) (State or foreign country)10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. S. Dembowski(b) Address Hartsville Mo17. (a) Burial (b) Date thereof Jan 31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenlawn Cem Springfield Mo18. (a) Signature of funeral director Gene E. Hadden(b) Address Hartsville Mo19. (a) Jan 24-41 (b) Colla Clayton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County 114  
 (c) City or town Hartsville Rural Boone  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mile north  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 69 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1941 hour 9:00 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 18, 1941; that I last saw him alive on Jan 18, 1941 and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia Duration \_\_\_\_\_  
Influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Gene E. Hadden (M. D. or other) Dr.  
Address Hartsville Mo Date signed 1/20/41

RECEIVED

District Health Officer No. 51  
241-288

District File Number

FEB 12 1944

Date Filed -----

MAR 3 1944

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

*Gene E. Hadden*

Licensed Embalmer No. 3865

P. O. Address

*Hertford, 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.