

Registration District No. 297

Primary Registration District No. 3016

State File No. \_\_\_\_\_

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Franklin.  
(b) City or town Washington.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days.  
(Specify whether  
In this community 6 days.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Union,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Christina St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1941 hour 11:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to April 7, 1941;  
that I last saw him alive on April 7, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocarditis, Chronic. 2 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
270 (Specify type of place)  
While at work? \_\_\_\_\_ (Specify means of injury)

23. Signature Frank G. May (M. D. or other)  
Address 217 1/2th, Washington Mo Date signed 4-9-41

3. (a) PRINT FULL NAME Vincent DePaul Kolodgie.

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

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 26th, 1863.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Retired blacksmith.

11. Industry or business X

12. Name Andrew Kolodgie.

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

14. Maiden name Unknown.

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

16. (a) Informant J. A. Skornia.

(b) Address Villa Ridge, Mo.

17. (a) Burial (b) Date thereof Apr. 9th, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nichols & Co  
(b) Address Washington, Mo. J. A. C. Nichols.

19. (a) Apr 9-1941 (b) J. A. Skornia  
(Date received local registrar) (Registrar's signature)

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

6  
1  
2

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**