No. 2
1-10-39
17-39
X21492

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

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17111

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1773

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: ~~Kansas City~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1017 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 15 years

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1017 Holmes 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Louis L. Konwinski

3. (b) If veteran, name war: World War

8. (c) Social Security No. None 496-01-3717

4. Sex: Male (✓)

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ~~[illegible]~~

6. (c) Age of husband or wife if alive: Unk years

7. Birth date of deceased: Sept. (Month) Unk (Day) 1892 (Year)

8. AGE: Years 48 Months 8 Days Unk If less than one day hr. min.

9. Birthplace: Buffalo (City, town, or county) New York (State or foreign country)

10. Usual occupation: Handyman

11. Industry or business:

FATHER 12. Name: Martin Konwinski

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

MOTHER 14. Maiden name: ~~Mary Grzechowiak~~

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

16. (a) Informant: S. Edward Konwinski

(b) Address: Dunkirk, New York

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Wadsworth, Kansas

18. (a) Signature of funeral director: J. F. O'Donnell Co.

(b) Address: 3256 Broadway, K. C. Mo.

19. (a) May 5, 1941 (Date received by local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 12 minute 01 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation

Due to: Death by Hanging

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

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): Suicide

(b) Date of occurrence: 5-2-41

(c) Where did injury occur? R C Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Russell W Fan (M. D. or other) 3

Address: C Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1 1941

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 Park G. Rowe

Licensed Embalmer No. 7347

P. O. Address St. C. Mo.

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

If this body is not embalmed, above space should be left blank.