

No. 2-13-40
17-39
X23139

FILED AUG 15 1941

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr not 21 days
(Specify whether)

In this community 2
years, months or days

3. (a) PRINT FULL NAME John Mikush

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased DK
(Month) (Day) (Year)

8. AGE: Years about 54 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name DK

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

14. Maiden name DK

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

16. (a) Informant State Hosp #1

(b) Address Fulton, Mo

17. (a) _____ (b) Date thereof July 23, 1941
(Burial, exhumation, or cremation) (Month) (Day) (Year)

(c) Place: burial or exhumation Hospital #1

18. (a) Signature of funeral director John J. Blasko

(b) Address 102 Market St. Fulton, Mo

19. (a) July 23, 1941 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 014

(a) State Missouri (b) County St. Francois Co. 2

(c) City or town none
(If outside city or town limits, write "RURAL")

(d) Street No. Continental 59
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1, 1939, to July 21, 1941; that I last saw him alive on July 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: generalized peritonitis 1 day

Due to Carcinoma of rectum 1 1/2?

Due to _____ Hb

Other conditions cardiac collapse 1 day
(Include pregnancy within 3 months of death)

Major findings: pulmonary edema

Of operations _____

Of autopsy as above

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) no

(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 John J. Blasko M.D. (M. D. or other) D

Address Fulton, Mo Date signed July 23, 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.