No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25327

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

9
0
0

1. PLACE OF DEATH:

(a) County Jasper County

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

(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Cherokee 14

(c) City or town Baxter, Springs 0 (If outside city or town limits, write "RURAL")

(d) Street No. 537 Fairview (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 2 years.

3. (a) PRINT FULL NAME Mrs. ~~K~~ Wiseine Rachel Sokosky

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. W. Henry Sokosky

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June (Month) 4 (Day) 1898 (Year)

8. AGE: Years 43 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Clement Head
13. Birthplace (City, town, or county) New York - 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Sherwood
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Walter Sokosky

(b) Address 327 N. Moffett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs Kas.

18. (a) Signature of funeral director Harvey's

(b) Address Baxter Springs Kansas

19. (a) 7-12-41 (Date received local registrar) (b) W D James (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 - year 1941 hour 1 P.M. minute A M.

21. I hereby cer[redacted] I attended the deceased from May 10-41, 19, to July 10, 1941; that I last saw her alive on July 10 41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death De-hydration mal-nutrition

Due to General carcinoma of abdominal organs including Peritoneum

Due to Carcinoma of uterus and appendages: metastase

Other conditions (Include pregnancy within 3 months of death) 48B

Major findings: Of operations At Mayo's Carcinoma of uterus and involvement of Peritoneum

Of autopsy none made

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) —

(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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature H A Browne (M. D. ~~or other~~)

Address Galena Kans. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-8-698

APR 30 1946

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 J. Irwene, Registered Apprentice No. ..... working under my personal supervision.

Signed J. Irwene

Licensed Embalmer No. 2880

P. O. Address Baxter Spgs Kas

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.