

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 17 1941

Registration District No. 30

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5041

State File No. 34221

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Pioneer (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Capps Creek Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years
years, months or days)

3. (a) PRINT FULL NAME Kadey Abramovitz

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

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

6. (b) Name of husband or wife Adam Abramovitz 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 13 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 15 If less than one day hr. min.

9. Birthplace West Prussia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Bartkoski
13. Birthplace West Prussia (City, town, or county) (State or foreign country)
14. Maiden name Mary Bartkoski
15. Birthplace West Prussia (City, town, or county) (State or foreign country)

16. (a) Informant Adam Abramovitz

(b) Address Pierce City Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters and Pauls Cem.

18. (a) Signature of funeral director Thiney

(b) Address Pierce City Mo.

19. (a) 10-29-41 (Date received local registrar) (b) W. M. West (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Barry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Capps Creek Twp. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 64 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1941 hour 4-30 minute 0 M.

21. I hereby certify that I attended the deceased from May 28, 1941, to Oct 28, 1941, that I last saw him alive on Oct 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach - (met)
Due to

Due to
Other conditions (Include pregnancy within 3 months of death) 46 lb

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

23. Signature W. M. West (M.D. or other) D.O.
Address Pierce City Date signed Oct 29 41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1736

Date Filed NOV 14 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.....

me
working under my personal supervision.

Registered Apprentice No.....

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.