

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38456

State File No. _____

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 11231 Chicago (If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Sugar Creek (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME ANNA ELIZABETH HORNIAK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from November 19, 1941, to November 19, 1941; that I last saw her alive on November 19, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or hair White

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

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

7. Birth date of deceased March (Month) 19 (Day) 1880 (Year)

Immediate cause of death Coronary Thrombosis

Due to arterio Sclerosis

Due to Demicty

Other conditions (Include pregnancy within 3 months of death) 94

8. AGE: Years 61 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Czechoslovakia (City, town, or county) yes (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andy & Susan

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

14. Maiden name Elizabeth J. Horniak

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Mary Horniak

(b) Address 11231 Chicago

17. (a) Miss Mary Horniak (b) Date thereof 11-22-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Joseph C. Purson

(b) Address Inde Sudebeck Mo.

19. (a) Nov 22 1941 (b) J. F. Cook M.D. (Date received local registrar) (Registrar's signature)

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 1

23. Signature [Signature] (M. D. or other) ms

Address 10307 Indep ave Date signed 11/21/41

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

MAR 2 1942

H. Selmon Price

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 *Frank M. Price*

Licensed Embalmer No. *2467*

P. O. Address *Quincy Mo.*

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.