. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

Registration District No. 95

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10337

State File No. 60

Primary Registration District No. 1001

Registrar's No. 43

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

011 1 7

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 51 years

2. USUAL RESIDENCE OF DECEASED: 011

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph 7
(If outside city or town limits, write "RURAL") 1

(d) Street No. 320 N. 13th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME: Rose Smygal

3. (b) If veteran, name war:

3. (c) Social Security No. 491-09-5456

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Teofil Smygal

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: April (Month) 23 (Day) 1891 (Year)

8. AGE: Years 51 | Months 0 | Days 6 | If less than one day: hr. min.

9. Birthplace: St Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Seamstress

11. Industry or business:

FATHER
12. Name: J. Kwiakoski
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Rose Kwiakoski
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Frank Smygal
(b) Address: R 1 Helena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet 4-20-42

18. (a) Signature of funeral director: Fleeman & Son Inc
(b) Address: St Joseph Missouri

19. (a) 4-20-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 6 minute 60 p M.

21. I hereby certify that I attended the deceased from April 10 1942 to Apr 17 1942 that I last saw her alive on Apr 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1 Surgical shock	
2 Ruptured Kidney	
Due to: 4 Pt Stone of both Kidneys	
3 Secondary Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13361	

Major findings: Of operations: Nephrectomy

Of autopsy: yes

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: Owen W Shiay (M. D. or other) MD

Address: St Joseph Mo Date signed 4-22-42

1253 (Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.