

FILED APR 7 1942

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 17

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community 2 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair  
(c) City or town Rural Appleton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1942 hour 9 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Feb  
17 1942 to March 16 1942  
that I last saw her alive on March 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac embolism  
Due to \_\_\_\_\_  
Due to 176  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings: Positive ulcer  
Of operations Cholelithiasis  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME KATHERINE POLICKY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ernest Policky 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Oct 20 1900  
(Month) (Day) (Year)

8. AGE: Years 35 Months 05 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Agnew Neb. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Frank STRIBZAK  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Josie EERNY  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ernest A. Policky

(b) Address Appleton City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of Mar 19 42 (Month) (Day) (Year)

(c) Place: burial or cremation Agnew Neb

18. (a) Signature of funeral director Osma Cottoff

(b) Address Appleton City Mo.  
19. (a) Mar 16 42 (Date received local registrar) (b) Allyne Davidson (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-42-293

Date Filed 4-6-82

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**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 Osman Eckhoff

Licensed Embalmer No. 3942

P. O. Address Opplerton City, Va

**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.**