

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 166

FILED JUL 3 1942  
Registration District No. 398

Primary Registration District No. 3019

48  
4  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(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 & location)

(d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)

In this community 4 years

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. 10806 Scamitt  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME MARIE DYKAL

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1942 hour 5:30 minute A.M.

4. Sex Female

5. Color or white

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

6. (b) Name of husband or wife Rite Dykal

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept. 12, 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the \_\_\_\_\_ month \_\_\_\_\_ above.  
Immediate cause of death Perforated jejunal ulcer with acute peritonitis.

8. AGE: Years 39 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation house wife

120 82

11. Industry or business at home

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

12. Name no record

Of autopsy see above

13. Birthplace no record 9  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name no record

15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Dykal

(b) Address 10806 Scamitt

17. (a) Burial (b) Date thereof 6/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Ind.

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? \_\_\_\_\_

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence, Mo.

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address K.C. Mo. Date signed 6/22/42

FEB 18 1948

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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.....

*Dean Owens*

Licensed Embalmer No.....

4280

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.**