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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26741

Registrar's No.

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 214 Michigan Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 214 Michigan Ave.
(If rural, give location)

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

If yes, name country: 0

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3. (a) PRINT FULL NAME: Margaret Nurski

3. (b) If veteran, name war: none

3. (c) Social Security No. none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: Ben Nurski

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

7. Birth date of deceased: July 7, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	19	hr. min.

9. Birthplace: Unknown (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation: Housewife

11. Industry or business: Own home

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Clara Kirtley

(b) Address: 214 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 28, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Auburn Cem.

18. (a) Signature of funeral director: Edwin a Clark. Clark Mortuary

(b) Address: 5025 King Hill Ave.

19. (a) 8-28-42 (Date received local registrar) (b) Rose Hengos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1942 hour 4 minute 10 p. M.

21. I hereby certify that I attended the deceased from Aug. 24, 1942, to Aug. 26, 1942; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Valvular Heart Disease	3 yr?
Due to: Chr. Nephritis	?
Due to: Uremic Coma.	24 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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?

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

23. Signature: J. R. Lemmon (M. D. or other)

Address: Mo Date signed 8/28/42

1933

(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~~ 8/26/42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Erica Clark

Licensed Embalmer No. 4238

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.