

FILED OCT 13 1942 42

Registration District No. .... Primary Registration District No. 1000

Registrar's No. 897

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

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:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week  
(Specify whether years, months or days)

In this community 38' years

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. 712 Powell Street.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Palasky

3. (b) If veteran, name war No

3. (c) Social Security No. 491-09-3416

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th.  
year 1942 hour 2 minute 45 p. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Katheline Palaska

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 29 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-8 to 9-17-1942

that I last saw im alive on 9-17-42

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>3</u>	<u>18</u>	hr. min.

Immediate cause of death Cardiac Decompensation Duration  
Hypertensive Heart Disease 1 year  
Arterial Hypertension

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

Due to .....

Due to .....

Other conditions 93d  
(Include pregnancy within 3 months of death)

10. Usual occupation Harness Maker

11. Industry or business Wyeth Hardware Mfg. Co.

Major findings:  
Of operations .....

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

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? .....

16. (a) Informant Mary K. Palasky

(b) Address 712 Powell St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Leather Meisshofer  
(Place burial or cremation) Ashtland Cemetery

(b) Address 13th. & Faron St., St. Joseph, Mo.

19. (a) 9-18-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Charolles (M. D. or other) me  
Address K. Delapierre Date signed 9/18/42

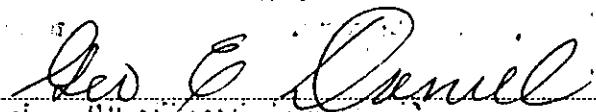
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. **3300 Missouri**

P. O. Address **St. Joseph, Missouri.**

**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.**