S. No. 2
M—9-4-41
v. 5-17-39
I X29484

14
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33331

Primary Registration District No. 5157

Registrar's No. 330

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Rural - Auxvasse
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: R#1 Portland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Callaway
(c) City or town: Rural - Auxvasse
(If outside city or town limits, write "RURAL")
(d) Street No.: R#1 Portland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: GEORGE TOMEK
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE.
4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: AGNES TOMEK
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: SEPT. (Month) 17 (Day) 1894 (Year)

8. AGE: Years 48 | Months 0 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: CALLAWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING
FATHER
12. Name: ADOLPH TOMEK
13. Birthplace: CHECHOSLOVAKIA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARY BENEDICT
15. Birthplace: CALLAWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Adolph Tomek
(b) Address: Portland, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: TOMEK CEMETERY - PORTLAND, MO.
18. (a) Signature of funeral director: Leo J. Wallace
(b) Address: FULTON, MISSOURI.
19. (a) 10-15-42 (Date received local registrar) (b) Josie Moenkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1942 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from 10-12-1942 to 10-13-1942 that I last saw him alive on 10-12-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia RL Lower lobe & Chronic anemia

Due to:

Other conditions: Goiter
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

108

Duration

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: W O Payne (M. D. or other)
Address: R#6 Fulton Date signed 10-13-42

1147 (Licensed Embalmer's Statement on Reverse Side)

DEC 1 1942

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 Ewart E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.