

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37886

FILED DEC 15 1942

State File No. _____

Registration District No. 381

Primary Registration District No. 4450

Registrar's No. 1867

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Douglas
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Williams Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Douglas Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Menarek

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1942 hour 1:00 PM minute _____ M.

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife John Menarek

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 28, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 25, 1942 to October 26, 1942
that I last saw her alive on October 26, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 7 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Skull fracture and brain injury
Due to auto accident

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

Due to upset of auto

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: 170C-8
Of operations 28

12. Name Rudolph Burwin

Of autopsy _____

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

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

14. Maiden name unknown

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

16. (a) Informant Irene Stopka - 1832

(b) Address High side Chicago Ill.

17. (a) Burial (b) Date there Oct 29, 1942
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pulaski cemetery

18. (a) Signature of general director Blacks mortuary

(b) Address Douglas Mo.

19. (a) 11-12-42 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 091

(b) Date of occurrence October 25, 1942

(c) Where did injury occur? Highway 14 - Douglas, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 14
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Douglas Date signed 10-26-42

674

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File No. 1242/066

Date Filed 12-14-42

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 Leslie D Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.