

FILED JAN 18 1943

Registration District No. 53

Primary Registration District No. 5790

Registrar's No. 1574

1. PLACE OF DEATH

(a) County Carroll
(b) City or town Rural Carrollton Twp
(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 or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Rural Carrollton Twp
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Walter H. Kowalski

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1942 hour 6:15 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 9 1942 to Dec 20 1942
that I last saw him alive on Dec 20 1942
and that death occurred on the date and hour stated above.

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Missie E. Kowalski 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 9 (Month) 6 (Day) 1873 (Year)

Immediate cause of death: Internal hemorrhages Duration 18 hrs

8. AGE: Years 69 Months 3 Days 14 If less than one day _____ hr. _____ min.

Due to: Carcinoma of transverse Colon 7 mos

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

Other conditions (Include pregnancy within 3 months of death) H62

10. Usual occupation Farmer

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Thomas B. Kowalski
13. Birthplace Carrollton, Mo (City, town, or county) (State or foreign country)
14. Maiden name Sally James
15. Birthplace Carrollton, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Stanley Kowalski (b) Address Carrollton, Mo

17. (a) Rural (b) Date thereof 12-23-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo

18. (a) Signature of funeral director Walter M. Schell (b) Address Carrollton, Mo

19. (a) 12-22-42 (b) Miss James R. Gaffney (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) _____
(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 F. M. Smith (M. D. or other) DP
Address Carrollton, Mo Date signed 12-22-42

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

FEB 1 1940

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-15-42

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.