

LED MAR 5 1943/49  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 9950

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Hannover City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days) 2 days

3. (a) PRINT FULL NAME Juanita Trzeje  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 22 1939  
(Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation child

11. Industry or business \_\_\_\_\_  
12. Name Randy Trzeje  
13. Birthplace Ava Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name May Beaton  
15. Birthplace Ava Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Randy Trzeje  
(b) Address Ava Missouri  
17. (a) Removal (b) Date thereof 2-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava Missouri

18. (a) Signature of funeral director Rollie M. Eads  
(b) Address 1415 Main Ave  
19. (a) 2-24-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 34  
(a) State Missouri (b) County 1  
(c) City or town Ava (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1943 hour 11:50 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from February 21  
1943 to February 24, 1943;  
that I last saw her alive on February 23, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - bacterial Duration 5 days

Due to 26  
Due to \_\_\_\_\_

Other conditions subacute rheumatoid arthritis  
(Include pregnancy within 3 months of death)  
a severe degill onset 12/42

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. E. White, M.D. (M. D. or other)  
Address St. Lukes Hosp. Date signed 2-24-43

**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 Orville H. Beckwith

Licensed Embalmer No. 3937

P.O. Address Kansas City, Kans.

**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.**