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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7301

FILED FEB 15 1943

Registration District No. 5970 Primary Registration District No. 5970 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Cliquot - rural - Cliquot Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Polk 0

(c) City or town Cliquot - rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. North - west of Cliquot
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sophie Studenovsky

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

4. Sex female | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe Studenovsky 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 1 (Day) 1895 (Year)

8. AGE: Years 47 Months 8 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace (Unknown) (City, town, or county) Czechoslovakia (State or foreign country) 8

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Frank Adams
13. Birthplace Unknown (City, town, or county) Czech (State or foreign country) 8

MOTHER
14. Maiden name (Unknown) 8
15. Birthplace (Unknown) (City, town, or county) Czech (State or foreign country)

16. (a) Informant Joe Studenovsky
(b) Address Cliquot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 19 (Day) 1943 (Year)
(c) Place: burial or cremation Salem cemetery

18. (a) Signature of funeral director Oby Gesler of Hutchens & Co
(b) Address Bolivar Mo

19. (a) Jan 30 1943 (Date received local registrar) (b) Alice Palen (Registrar's signature)

1294

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 8 minute 20 p. M.

21. I hereby certify that I attended the deceased from Jan 16 1943 to Jan 17 1943 that I last saw her alive on Jan 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 J H Bridges (M. D. ~~or other~~)

Address Bolivar Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-34
Date Filed 2-3-43

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.