S. No. 2
M—9-4-41

FILED APR 30 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13567

Registration District No. 13 Primary Registration District No. 5055 Registrar's No. 20

500

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 1 None Capps Creek Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5

(c) City or town Pierce City (Rural) 0
(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 0

3. (a) PRINT FULL NAME Susan Filarski

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Jan. 1 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Filarski
(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 4/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pulaskifield Mo.

18. (a) Signature of funeral director [signature]
(b) Address Pierce City Mo.

19. (a) April 6th 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

1320

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1943 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from March 27th, 1943, to Apr. 1, 1943
that I last saw her alive on Apr. 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	Unknown
Due to 124 b1	
Due to	
Other conditions Cirrhosis of liver (Include pregnancy within 3 months of death)	Unknown.

Major findings:
Of operations .....
Of autopsy Polycystic disease of kidneys
Chronic enlargement of liver.

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? ..... Means of injury .....

23. Signature Charles S Moore (M. D. or other) 2 DO.
Address Pierce City Mo Date signed 4/5/43.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-552
Date Filed APR 29 1943

SEP 10 1948

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 me Registered Apprentice No. working under my personal supervision.

Signed Victor O. Nunnerer

Licensed Embalmer No. 3822

P. O. Address Reese Calif. 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.