

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13987

State File No. \_\_\_\_\_

FILED MAY 10 1949

Primary Registration District No. 58 4089

Registrar's No. 12

1. PLACE OF DEATH: Carter  
(a) County Carter  
(b) City or town Grandin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 years years, months or days

3. (a) PRINT FULL NAME MARY BOGUSZANSKA  
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 2  
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2-2-1851 (Month) (Day) (Year)

8. AGE: Years 92 Months 00 Days 00 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Skendzichski

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Monica Jeski

(b) Address Grandin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Grandin Mo.

18. (a) Signature of funeral director J.E. Jordan

(b) Address Moniphan Mo.

19. (a) 45143 (b) E.B. Johnston (Date received local registrar) (Registrar's signature)

April 3 1949 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 18  
(a) State Mo (b) County Carter  
(c) City or town Grandin (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? Citizen of U. S. A. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1943, hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3/28/1943 to 4/2/1943 that I last saw her alive on 3/28/1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration \_\_\_\_\_

Due to Faulty elimination of urea

Due to Nephritis Chronic

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature Edu. Adamson (M. D. or other) \_\_\_\_\_

Address Moniphan Mo. Date signed 4-2-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

54331 ①

5-8-72

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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.....

Licensed Embalmer No. 3200

P. O. Address

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.