

FILED DEC 1 1943

Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:
Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
428 Michigan St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Buchanan 011
(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 428 Michigan
(If rural, give location)
(e) Citizen of foreign country? No Naturalized Lithuanian (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kazimer Macewicz
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 11
year 1943 hour 12 minute 40 A.M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 2, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 5, 1943, to Nov 11, 1943
that I last saw him alive on Nov. 10, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 9 If less than one day
hr. min.

Immediate cause of death Chronic myocarditis & Decompensation Duration 2 mo.
Chronic endocarditis
Due to Chronic endocarditis
Due to Rheumatic heart disease

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

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired, Armour & Co.

11. Industry or business Packing house

MOTHER FATHER { 12. Name Kazimer Macewicz
13. Birthplace Lithuania
14. Maiden name Patricia unknown
15. Birthplace Wak Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Macewicz (Son)
(b) Address 428 Michigan St. (City)

17. (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Pryor Ave. City

19. (a) 11-15-43 (b) Rose Hugo
(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 Ed Grant MD (M. D. or other) MD
Address St. Joseph, Mo Date signed 11-12-43

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

NOV 30 1949

DEC 1 1949

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 John E. Ripp

Licensed Embalmer No. 3986

P.O. Address St. Joseph, 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.