

Registration District No. 179

Primary Registration District No. 5667

Registrar's No.

1. PLACE OF DEATH:
 (a) County Lincoln
 (b) City or town Rural Bedford
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln
 (c) City or town Rural
 (d) Street No.....
 (e) Citizen of foreign country?.....
 If yes, name country.....

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 29
 year 1943 hour 3 minute 30 A. M.
 21. I hereby certify that I attended the deceased from.....
 at I last saw h..... alive on.....
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife John Stanek
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov 12 1852
 (Month) (Day) (Year)

Immediate cause of death
Pneumonia (Lobar)
 Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>17</u> hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Joseph Stanek

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

14. Maiden name Unknown

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

16. (a) Informant John Stanek

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof 12/31/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Method Cem.

18. (a) Signature of funeral director Wayne McGay

(b) Address Troy Mo.

19. (a) 12/3/43 (b) Mr. J. Jackson
 (Date received local registrar) (Registrar's signature)

Due to.....
Myocardial Infarction
 Due to.....
Senility
 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?.....
 (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 Gov. C. Leach
 Address Troy Date 12/29/43

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

MOTHER FATHER

Duration 4 days
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *Wayne McCoy*
Licensed Embalmer No. *3586*
P. O. Address..... *Troy 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.