

FILED APR 7 1944

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Jackson**

(c) Name of hospital or institution: **General Hospital 1**

(d) Length of stay: In hospital or institution **6 Days**

In this community **5 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**

(c) City or town **Jackson**

(d) Street No. **510 Broadway**

(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Joseph Jargembowski**

3. (b) If veteran, name war **none**

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

4. Sex **m** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Ruby**

6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased **may 3 1911**

8. AGE: **32** Years **10** Months **22** Days

9. Birthplace **Cleveland Ohio**

10. Usual occupation **Labar**

11. Industry or business

MOTHER FATHER

12. Name **Anthony Jargembowski**

13. Birthplace **Donat Pomer**

14. Maiden name **Donat Pomer**

15. Birthplace **Donat Pomer**

16. (a) Informant **Mr Ruby Miller**

(b) Address **St Joseph mo**

17. (a) **Burial** (b) Date thereof **March 26 1944**

(c) Place: burial or cremation **St Joseph mo**

18. (a) Signature of funeral director **Paranette Pomer**

(b) Address **12 C mo**

19. (a) **3-27-44** (b) **D. C. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26** year **1944** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **3-19-44** to **3-25-44**

that I last saw h. alive on **3-25-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Infarction**

Due to **Rheumatic Heart Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **ASB**

Of autopsy **See Above**

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 **D. E. Upsher** (M. D. of cert.) **M. D.**

Address **12 M Coey** Date signed **3-27-44**

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.....

Park G. Rowe

Licensed Embalmer No. *2347*

P. O. Address. *12 C. Me*

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.