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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17533

FILED MAY 17 1944

Registration District No. 1

Primary Registration District No. 1000

Registrar's No. 423

1. PLACE OF DEATH:

(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: Mercy Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7

(d) Street No. 6407 Sherman St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nicholas Nurski

3. (b) If veteran, name war no

3. (c) Social Security No. 496-05-5073

4. Sex Male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Elsie

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased December 6, 1917
(Month) (Day) (Year)

8. AGE: Years 26 | Months 4 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town or county) Missouri (State or foreign country) 0

10. Usual occupation Filling Station Operator

11. Industry or business

FATHER
12. Name Steve Nurski
13. Birthplace DuLuth, Minnesota (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Jagodzinski
15. Birthplace Chicago, Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant Steve Nurski

(b) Address 6409 Sherman St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 So. 10th St., St. Joseph, Mo.

19. (a) 4/22/44 (Date received local registrar) (b) Rae Hergoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1944 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from 4-19, 1944, to 4-21, 1944
that I last saw him alive on 4-21, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	3 hours
Due to Generalized peritonitis	2 days
Due to Ruptured Gangrenous Appendix	2 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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? (e) Means of injury

23. Signature E. J. Gross (M. D. or other) 2

Address 5008 King Hill Date signed 4-22-44

1233 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, 40, Mo.

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 Mollie E. Sidenfaden M

Licensed Embalmer No. 4235

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.