

0. 2
4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18468**
Registrar's No. **47**

FILED MAY 29 1944

Registration District No. **775**

Primary Registration District No. **4276**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lawrence**
 (c) City or town **Pierce City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Pine Street**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: **XXXXXXXXXXXXXXXXXXXXXXXXXXXX**

3. (a) PRINT FULL NAME **Pauline Felarski**

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 **Married**

6. (b) Name of husband or wife **John Felarski** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 20 1884**
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **9** If less than one day
hr. min.

9. Birthplace **Stockdale Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **John Felarski**

(b) Address **Pierce City Missouri**

17. (a) **Burial** (b) Date thereof **4/11/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pulaski field, Mo.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **501 Elm Street, Pierce City**

19. (a) **4-12-44** (b) **Eunice [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **8**
year **1944** hour **12** minute **0** M.

21. I hereby certify that I attended the deceased from **July 1943** to **Apr 8 1944**
that I last saw her alive on **Apr 8 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Arrest**

Due to **Coronary Artery Disease**

Due to **Heart Disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
[Signature]

Duration **4 days**
 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?.....

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature **[Signature]**
Address **Pierce City Mo** Date signed **Apr 12**

Address **[Signature]** Date signed **Apr 12**

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

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,
District File Number 544-611
Date Filed Nov 24 1944

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

me
working under my personal supervision.

Registered Apprentice No. _____

Signed

Robert D. Manning
Licensed Embalmer No. 3872

P. O. Address Secaucus, N.J.

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.