S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

24855

State File No.

FILED JUL 20 1944

Registration District No. 198

Primary Registration District No. 3026

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Santarium (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community 42 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Sugar Creek (If outside city or town limits, write "RURAL") 2 0

(d) Street No. 11219 Evans (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME MARY POVALA

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andy Povala

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased JUNE (Month) 13 (Day) 1869 (Year)

8. AGE: Years 74 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Pusov (City, town, or county) 6 Czechoslovakia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joeseph Hurdecak
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Andy Povala 1

(b) Address 11219 Evans, Sugar Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 6-10-1944 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1944 hour 8 minute 10 a M.

21. I hereby certify that I attended the deceased from May 20, 19 , to , 19 ; that I last saw her alive on June 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute myocarditis	18 days
acute myocarditis	
Due to Hypertension	3 year
Due to Hypostatic Pneumonia	10 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93a

Of autopsy

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 0

23. Signature Fred W Link (M. D. or other) MD

Address Gaerner Date signed

(Licensed Embalmer's Statement on Reverse Side)

1163

Dr. Fred Hink

JUL 25 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd C. Larson

Licensed Embalmer No. 4199

P. O. Address Indep. 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.