

No. 2
M-8-43
5-17-39
X37823

108th St 313
Frank B. King

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 25 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 841

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

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days Hosp.
(Specify whether years, months or days)

In this community 11 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 3219 Doniphan Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Patrica Ann Tovsky

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 5 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 11 ..hr.min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Jake C. Tovsky

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

14. Maiden name Nadine P. Murphy

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

16. (a) Informant Mrs. J. M. Murphy

(b) Address 3219 Doniphan Ave.

17. (a) Burial (b) Date thereof Aug. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, of, cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heruau W. Sidyghden

(b) Address 1802 Union St.

19. (a) 8/21/44 (b) J. E. J. Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 5, 1944
....., 19....., to Aug 16, 1944
that I last saw her alive on Aug 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from nose + warble Duration 5 min.

Due to probable birth injury 11 da.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: 160e

Of operations.....

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?

(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 W. M. Zosbaker (M. D. or other) MD

Address Kirtland Blvd Date signed 8/19/44

1948 FEB 02 07:10

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address.....

St Joseph 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.