

S. No. 2
M-9-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24819
Registrar's No. 1566

FILED AUG 14 1945
Registration District No. _____

Primary Registration District No. 6038

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

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
4 1/2 miles N of Oxly
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 Miles N of Oxly
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stanley John Zurowski

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1945 hour 12 minute 30 P. M.

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

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Mar 15 1879
(Month) (Day) (Year)

Immediate cause of death _____
Acute Dilatative Coronary occlusion
Due to _____
Myocardium

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

Major findings: Of operations _____
Of autopsy _____

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

66	3	22	hr. _____ min. _____
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9. Birthplace Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 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)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Steve Zurowski

(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof July 10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxly, Mo.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) Aug 1-45 (b) Bertha White
(Date received local registrar) (Registrar's signature)

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] (M. D. or other) _____
Address Naylor, Mo. Date signed 7/9/45

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5.

District File Number

845-399

Date Filed

8.13.45

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

Bryan McCord

Licensed Embalmer No.

4079

P. O. Address

Naylor, 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.