

**FILED** AUG 24 1945  
Registration District No. **72**

Primary Registration District No. **1000**

Registrar's No. **862**

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:  
**722 So. 22nd. St.**  
(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) **40 Years**

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. **722 So. 22nd. St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jacob Louis Koneczny**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **487-09-1318**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Regina Koneczny** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **April 26 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>3</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **4 Austria-Hungary**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tank House employee**

11. Industry or business **Armour & Co.**

12. Name **Simon Koneczny**  
13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Regina Koneczny**

(b) Address **722 So. 22nd. St.**

17. (a) **Burial** (b) Date thereof **Aug. 11, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Norman M. S. [Signature]**

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Aug. 9, 1945** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**  
year **1945** hour **12** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **July 24** 19**45** to **Aug 8** 19**45**  
that I last saw him alive on **Aug 8** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis following a heart attack**  
Due to **overwork on a hot day**

Duration **24 hr**

**15 day**

Other conditions **Chronic Valvular Heart Disease**

**2 yrs**

Major findings:  
Of operations **[initials]**  
Of autopsy **[initials]**

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) **13!**  
(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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **[Signature]** (M. D. or other) **MD**  
Address **845 S. 14th St. St. Joseph, Mo.** Date signed **8/10/45**

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

SEP 18 1945

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.....

*Elmer Thomas*

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

working under my personal supervision.

Signed.....

*Elmer Thomas*

Licensed Embalmer No.....

*2640*

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.**