

S. No. 2
M-5-43
7. 5-17-39
p. 1 X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37478 ✓

State File No. _____

FILED DEQ 13 1945

Registration District No. _____

Primary Registration District No. 5568

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sugar Creek Rural Blue Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
11210 Gill /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 11200 Gill
(If rural, give location)

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

3. (a) PRINT FULL NAME Helen Petrechko

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1945 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 3 1945 to Nov 15 1945
that I last saw him alive on Nov 15 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Stephen Petrechko 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: June 15 1888
(Month) (Day) (Year)

Immediate cause of death: Auricular Fibrillation Duration 1 yr

Due to arterial Hypertension 5 yrs

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

Major findings: Of operations _____

Of autopsy 950

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Rulak

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

14. Maiden name Unknown

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

16. (a) Informant Stephen Petrechko

(b) Address 11210 Gill

17. (a) Burial (b) Date thereof 11 120-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's cemetery Indep.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 11-17-45 (b) James W. Ross
(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 0

23. Signature James W. Ross (M. D. or _____)

Address Farmington Station Date signed 11/17/45

1163 (Licensed Embalmer's Statement on Reverse Side)

RC 200

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

17
00
0

MAY 25 1948

SEP 27 1949

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.....

Licensed Embalmer No. *2249*.....

P. O. Address *Indef 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!