

S. No. 2
OM-2-43
v. 5-17-39
-I X35697

41137

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 112

Primary Registration District No. 3429

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: None
Lyon Sup
(If not in hospital or institution, write street number or location)

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

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town New Haven, Missouri rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Peter Paul Stotko

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 1, year 1945 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-38 to 11-30, 1945.

that I last saw him alive on 11-30, 1945 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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 28 1867
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Stomach

Due to _____

Due to _____

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

Major findings: Of operations H&K

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace: Krakow, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Carpenter

MOTHER FATHER { 12. Name: John Stotko

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

14. Maiden name: Julie Ann Phisnka

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Lawrence Stotko

(b) Address: New Haven, Missouri

17. (a) Burial: _____ (b) Date thereof: Dec. 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Port Hudson, Catholic

18. (a) Signature of funeral director: Gerald Altman

(b) Address: Gerald, Missouri

19. (a) 12-3-45 (b) [Signature]
(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: Gerald Date signed: 12-5-45

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

36
0
0

RECEIVED

District Health Officer No. 0,

District File Number.....

Date Filed 1-3-46

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 Ernest P. Dittmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.