

S. No. 2  
4-12-40  
5-17-39  
X2315

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3517

State File No. \_\_\_\_\_

FILED FEB 15 1946  
Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community About 2 yrs.  
years, months or days

3. (a) PRINT FULL NAME Lewis Frank Stanek

3. (b) If veteran, name war No

3. (c) Social Security No. 770

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 3 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph Stanek

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

14. Maiden name Antonett Sikora

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

16. (a) Informant Mary A. Gurny

(b) Address 518 W 1st Marionville Mo

17. (a) Burial (b) Date thereof 1-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick's

18. (a) Signature of funeral director Cumpl. Funeral Home

(b) Address Marionville

19. (a) Jan 1 1946 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 518 West 1st  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 14  
year 1946 hour \_\_\_\_\_ minute 4:45 P.M.

21. I hereby certify that I attended the deceased from Oct. 1939 to Jan 14 1946  
that I last saw him alive on Jan 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Dilatation

Due to Myocardial Degeneration

Due to Arteriosclerotic Lesions  
Sclerosis Arterialis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

20 years

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 307

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? \_\_\_\_\_  
(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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.P. Jackson (M. D. or other) \_\_\_\_\_  
Address Marionville, Mo. Date signed 1/13/46

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

1695

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 William Campbell  
Licensed Embalmer No. 2620  
P. O. Address Marquette 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.**