

**FILED** APR 22 1946  
Registration District No. **42**

Primary Registration District No. **1000**

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

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:  
813 So. 19th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years  
In this community 60 Years  
years, months or days

3. (a) PRINT FULL NAME Valentine William Mniszak

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Katherine  
6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased January 7 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 5  
If less than one day hr. min.

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

10. Usual occupation Retired Employee

11. Industry or business Swift & Company

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Mniszak  
(b) Address 813 So. 19th. St.

17. (a) Burial (b) Date thereof Apr. 15, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Arthur W. S. S. S. S.  
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 15, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 813 So. 19th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 5, 1946 to April 12, 1946  
that I last saw him alive on April 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease arteriosclerosis  
Due to arteriosclerosis

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations 97  
Of autopsy 97

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 0  
23. Signature [Signature] M. D. [Signature] M. D.  
Address [Signature] Date signed 4-12-46

APR 26 1945

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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 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.**