

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

State File No. 13727

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Napoleon
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution: unknown
In this community: unknown

3. (a) PRINT FULL NAME: FRANK-NOVAK
3. (b) If veteran, name war: unknown
3. (c) Social Security No.: unknown

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: unknown
8. AGE: 52 Years, 0 Months, 0 Days, 0 hr., 0 min.

9. Birthplace: Poland (City, town, or county) 7 (State or foreign country)

10. Usual occupation: cook
11. Industry or business: cook

MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown
14. Maiden name: unknown
15. Birthplace: unknown

16. (a) Informant: Amy Eldes
(b) Address: 2205 Holmes K.C. MO
17. (a) Removal (b) Date thereof: 4-17-46
(c) Place: burial or cremation: Kansas City MO

18. (a) Signature of funeral director: E. J. ...
(b) Address: ...
19. (a) Date received local registrar: April 29 1946
(b) Registrar's signature: ...

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 2205 Holmes
(e) Citizen of foreign country? unknown

20. DATE OF DEATH: Month: April, day: 16, year: 1946, hour: 10, minute: 2

21. I hereby certify that I attended the deceased from as Acting Coroner of 16, 1946, that I last saw him alive on 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Probably suicide
Duration: ...

Due to: ...
Due to: ...

Other conditions: ...
Major findings: ...

Of operations: ...
Of autopsy: ...

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide??
(b) Date of occurrence: March 9-1946??
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: ...
Address: ...
Date signed: 4-17-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-6-46

JUL 5 1946

MAY 10 1946

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 _____

not Embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. P. Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington 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.