

S. No. 2
M-2-43
5-17-39
-I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

13772

FILED MAY 2 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13772

Registration District No. 5669

Primary Registration District No. 5669

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Hawthorn Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 46 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town 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 ANNA MARGARET SHRAMEK
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1946 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1945
to Apr 22, 1946
that I last saw her alive on Apr 21, 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Carcinoma of stomach.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 3 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations 468
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housework
11. Industry or business _____
12. Name Wenstana Martinek
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
14. Maiden name Katherine Belkova
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
16. (a) Informant Albert Shramok
(b) Address Hawthorn rd.
17. (a) Rural (b) Date thereof 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation masked 6 em.
18. (a) Signature of funeral director Wynne Mc Coy
(b) Address Irish rd
19. (a) 4-35-46 (b) Miss Emma B. Riddle
(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 H S Harris (M. D. or other) _____
Address Troy Mo. Date signed 4-24-46

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

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.....

Wayne McLoey

..... Licensed Embalmer No. *3586*

..... P. O. Address. *Stroy 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.