

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5332  
Registrar's No. 40

FILED MAR 14 1947

5655

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Mt. Vernon  
(b) City or town Lawrence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2152 days  
In this community 2152 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Gromoski

3. (b) If veteran, name war no 3. (c) Social Security No. nonw known

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 Oct. 4, 1913  
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

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

12. Name William Gromoski

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

14. Maiden name Josie

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 2/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Geo S O'Connell

(b) Address 2128/47  
19. (a) W. H. Philbrick (b) \_\_\_\_\_  
(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. Route 6  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th  
year 1947 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from Apr. 12, 1940 1947, to Feb. 28 1947, that I last saw h. im alive on Feb. 28 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute right heart failure with venous congestion of the liver and spleen

Due to Bilateral pulmonary tuberculosis over 13 years

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13B  
Of autopsy Hemorrhage of right adrenal Ascides

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 W. Dickman (M. D. or other) \_\_\_\_\_  
Address Mt. Vernon, Missouri Date signed 2-28-47

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RECEIVED  
District Health Officer No. 6,  
District File Number 347-311  
Date Filed MAR 11 1947

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 *Geo B Orr*  
Licensed Embalmer No. *946*  
P. O. Address *Mr. Yernon*

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.