

S. No. 2  
—12-45  
5-17-39  
P 1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9321**  
Registrar's No. **1304**

FILED APR 1 1947  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2640 Myrtle /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX XX  
(Specify whether In this community years, months or days)  
Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 2640 Myrtle **8**

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE L. PILARSKI

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. 499-07-7034

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18th  
year 1947 hour 7: minute 50 A.M.

4. Sex Ma / 5. Color or race Wh

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

6. (b) Name of husband or wife Katie Pilarski

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 11 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and time stated above.

8. AGE: Years 50 Months 3 Days 7  
If less than one day hr. min.

Immediate cause of death Deputy Coroner Coronary Arteriosclerosis

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Cement Contractor

Other conditions 932  
(Include pregnancy within 3 months of death)

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

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

12. Name John Pilarski

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

Of autopsy See Above

Underline the cause to which death should be charged statistically.

14. Maiden name Ernestine Jacobson  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Katie Pilarski

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address 2640 Myrtle

17. (a) Burial (b) Date thereof 3-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Forest Hill Cemetery

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director J. W. Wagner  
Kansas City, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (Means of injury)

(b) Address \_\_\_\_\_

19. (a) 3-20-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Al Lasher (M. or other) MD  
Address 2800 Main Date 3/18/47

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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 U. R. Hannechild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.**