No. 2
-12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13353

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1753

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: 5th & Main St Parking Lot 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Do not know

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48
(c) City or town Kansas City MO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5th & Main St Parking Lot 8
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Alexander C. Bartkowick
3. (b) If veteran, name war no
3. (c) Social Security No. 316-16-7538
4. Sex Male
5. Color or White
6. (a) Single, widowed, married, divorced unk. 9
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive Do not know years
7. Birth date of deceased ____ (Month) ____ (Day) 1897 (Year)

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

9. Birthplace Do (City, town, or county) 9 (State or foreign country)
10. Usual occupation 1
11. Industry or business not
FATHER
12. Name 9
13. Birthplace Know (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Know
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Coroner office 1
(b) Address K. C. MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary K. C. K.
18. (a) Signature of funeral director Bucantero Bros.
(b) Address K. C. MO.
19. (a) 4-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1947 hour 12 minute 30 p M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Coronary Sclerosis

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy History

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 ____

23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main Date signed 4/18/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1949

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 T. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.