

S. No. 2
DM-2-43
v. 5-17-39
I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH SERVICES
FILED APR 17 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14704**

Registration District No. **301**

Primary Registration District No. **0042**

Registrar's No. **2197**

1. PLACE OF DEATH:

(a) County **Ripley**

(b) City or town **Ripley**

(c) Name of hospital or institution **Rural**

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

(d) Length of stay: In hospital or institution **10 years**

In this community **10 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley**

(c) City or town **Rural**

(d) Street No. **0**

(e) Citizen of foreign country? **No**

If yes, name country _____

3. (a) PRINT FULL NAME **John Gruszka**

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25**

year **1947** hour _____ minute _____ M.

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 hour stated above.

4. Sex **Male** **5. Color of hair** **White**

6. (a) Single, widowed, married, divorced **Divorced**

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 hour stated above.

7. Birth date of deceased **June 3 1874**

(Month) (Day) (Year)

Impediment cause of death **This man was found in his sleep by neighbors and had been dead about 3 days. Cause due to natural causes**

8. AGE: **72** Years **8** Months **22** Days

If less than one day _____ hr. _____ min.

Due to **natural causes**

9. Birthplace **Poland**

(City, town, or county) (State or foreign country)

Other conditions _____

(Include pregnancy within 3 months of death)

10. Usual occupation **miner**

Major findings:

Of operations _____

11. Industry or business **Retail**

Of autopsy _____

12. Name **Gruszka**

Underline the cause to which death should be charged statistically.

13. Birthplace **Poland**

(City, town, or county) (State or foreign country)

14. Maiden name **Witman**

15. Birthplace **Poland**

(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Gruszka**

(b) Address **St. Louis, Mo.**

17. (a) Burial **Local Catholic cemetery**

(b) Date thereof **2-26-47**

(c) Place of burial or cremation _____

18. (a) Signature of funeral director **W. J. Jordan**

(b) Address **St. Louis, Mo.**

19. (a) 3-24-47 (Date received local registrar)

W. J. Jordan (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? _____

(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 **3**

23. Signature **W. J. Jordan** (M. D. or other)

Address **St. Louis** Date signed **3-27-47**

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

91
6
0

279 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 1.

District File No. 447196

Date Filed 4-13-47

APR 17 1947

APR 23 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.....

Licensed Embalmer No. 3206

P. O. Address.....

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.