No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20122

FILED JUL 8 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 807

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 42 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No. 610 Kentucky St. (If rural, give location) 7 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Mary Derc
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vincent Derc
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December (Month) 2 (Day) 1884 (Year)

8. AGE: Years 62 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Poland (State or foreign country) 11
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name Peter Kudzia
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mr. Vincent Derc
(b) Address 610 Kentucky St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm Lidenfaden
(b) Address 1802 Union St. St. Joseph, Mo
19. (a) 7-1-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 20, 1947 to June 28, 1947 that I last saw her alive on June 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	5 wks.
Due to Chr. Myocarditis	108
Due to Lobar pneumonia	1 mo. ago
Other conditions (Include pregnancy within 3 months of death) Chr. Cholecystitis	?
Major findings of operations Unexplained skin rash with bullae terminal with High fever	
Of autopsy	

PHYSICIAN
Underline the cause of 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 C S Grant (M.D. or other) MD
Address St. Joseph, Mo. Date signed 6/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Clanahan, Registered Apprentice No. 486, working under my personal supervision.

Signed Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.