. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33746

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1234

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: 2809 Seneca St. (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: About 41 Years (years, months or days)

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.: 2809 Seneca St. (If rural, give location)

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

If yes, name country: *

3. (a) PRINT FULL NAME: Roch Anthony Mackiewicz

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Valeria

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: November (Month) 11 (Day) 1868 (Year)

8. AGE: Years 78, Months 11, Days 2; If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Lithuania (State or foreign country)

10. Usual occupation: Retired Railroad Laberer

11. Industry or business: C. G. W. Railroad

FATHER
12. Name: Antone Mackiewicz
13. Birthplace: Unknown (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name: Amelia Bogus
15. Birthplace: Unknown (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant: Mrs. Valeria Mackiewicz

(b) Address: 2809 Seneca St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 15, 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman Wm. Sidenfaden

(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 10-16-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 505

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 6-1947, 19..., to Oct. 13, 1947 that I last saw him alive on Oct. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	about 12 mos.
Due to	
Due to	
Other conditions: Some small metastases into lateral wall of liver (Include pregnancy within 3 months of death)	2 months (?)

Major findings:
Of operations: none
Of autopsy: none

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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: 0

23. Signature: Gordon D. Wright MD (M. D. or other)

Address: 845 S. 19th St. Joseph, Mo. Date signed: 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 28 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 Guy F. Hays, Jr., Registered Apprentice No. 88, working under my personal supervision.

Signed Robert H. 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.