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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 1 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37175

State File No. .....

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1383

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 617 Warsaw Ave. (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 67 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. 617 Warsaw Ave. (If rural, give location)

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

If yes, name country * 0

3. (a) PRINT FULL NAME Mary Pyszora

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 Widowed

6. (b) Name of husband or wife Jacob

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

7. Birth date of deceased March (Month) 30 (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Franklin County (City, town, or county) Washington (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business None

FATHER
12. Name Charles Kamler
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Frances Konik
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mr. John J. Kamler

(b) Address 921 So. 9th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman W. Sidenfaden

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

19. (a) 11-21-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 24, 1946, to Nov 15, 1947, that I last saw her alive on Nov 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart disease	3 yrs.
Due to Arteriosclerosis, general	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93.5
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 0

23. Signature H. W. Carle (M. D. ~~or other~~)

Address St. Joseph, Mo Date signed 11-19-47.

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

DEC 2-1947

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 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.