

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38451**
Registrar's No. **4747**

FILED NOV 24 1947

Registration District No. **149**

Primary Registration District No. **1002**

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:
2202 E. 37th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **48 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2202 E. 37th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Samuel Studna**

3. (b) If veteran, name war **x no** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **ROSE** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **Abt 81** Months Days If less than one day hr. min.

9. Birthplace **Poland** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired shoemaker**

11. Industry or business

MOTHER FATHER

12. Name **Louis Studna**

13. Birthplace **Poland** (City, town, or county) (State or foreign country)

14. Maiden name **Rachael Kalmonovich** (State or foreign country)

15. Birthplace **Poland** (City, town, or county) (State or foreign country)

16. (a) Informant **A. Studna**

(b) Address **3727 Forest, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **11/13/47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**

(b) Address **3400 Woodland Ave., K.C., Mo.**

19. (a) **11-13-47** (b) **Steraldine Holmes** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **12th** year **1947** hour **8:00** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **January 5th** 19**45**, to **Nov 12th** 19**47**
that I last saw him alive on **Nov 7th** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 1 hour
Chronic myocarditis 3 years
Due to **Chronic Enlarged Prostate** 3 years
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9-3-47** Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Joseph Selezny** (M. D. or other) **M.D.**
Address **1019 Realto Bldg** Date signed **11-13-47**

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

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.....

Gary B. Huntington

Licensed Embalmer No.....

2756

P. O. Address.....

RC MD

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.