

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38549

FILED DEC 2 1947/46
Registration District No. _____

Primary Registration District No. 3026

State File No. _____

Registrar's No. 335

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MRS. SOPHIA B. TAPKO
(b) If veteran, name war _____ (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 John A. Tapko 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 21, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Savanock
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Susan Maliko
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Tapko
(b) Address 11226 Chicago St. Sugar Creek, Mo

17. (a) burial (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem. Indep. Mo.

18. (a) Signature of funeral director [Signature]
Independence, Mo.
(b) Address _____

19. (a) 11-17-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 11226 Chicago St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1947 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from known, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cowary solution
Due to known solution
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations att
Of autopsy no history + inspection

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 3

23. Signature [Signature] (M. D. or other) [Signature]
Address _____ Date signed 11-15-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48

2

0

1

15

19

19

known

known

att

no

history + inspection

3

[Signature]

[Signature]

11-15-47

R. C. Mo.

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.....

William H. Schlanker

Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.