S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1242

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 309

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:
2806 East 11th Street
(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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2806 East 11th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Josephine Mary MOTSCH

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 21

6. (b) Name of husband or wife Albert F. Motsch
6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 14, (Day) 1868 (Year)

8. AGE: Years 79 ~~80~~ Months 4 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Joseph Palecek
13. Birthplace Unknown (City, town, or county) Austria (State or foreign country) 4

MOTHER
14. Maiden name Catherine Moravech
15. Birthplace Prague, (City, town, or county) Zechoslovakia (State or foreign country) 6

16. (a) Informant Mrs. Lawrence E. Turner
(b) Address 2806 E. 11th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 13 - 1948, to Jan 21 1948
that I last saw her alive on January 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to senility

Due to

Other conditions fracture right fibula
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
Of autopsy 18

Duration

PHYSICIAN
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) accident 1 2 3
(b) Date of occurrence 1-9-48
(c) Where did injury occur? K.C. Jackson, (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)
While at work? no (e) Means of injury fell down stairs

23. Signature Arthur L. Pielsch (M. D. or other)
Address 522 Professional Bldg. Date signed 1/22/48.

(Licensed Embalmer's Statement on Reverse Side) 1103 Grand - Kansas City

Dr Nicholson in
Oglevie's office

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J H Ryan

Licensed Embalmer No. 2699

P. O. Address KC

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.