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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8988

Registration District No. FILED APR 1 1948 6

Primary Registration District No. 3026

Registrar's No. 80

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 4 days (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Sugar Creek 2 (If outside city or town limits, write "RURAL")

(d) Street No. 11210 Gill 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Stephen Andrew Petrechko

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 5

6. (b) Name of husband or wife Mrs. Helen Petrechko (deceased)

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

7. Birth date of deceased April 18, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	10	11	hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation merchant

11. Industry or business self employed

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

MOTHER
14. Maiden name unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. W. Juniak

(b) Address 11216 Felton, Sugar Creek, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Indep. Mo.

18. (a) Signature of funeral director [signature]

(b) Address Independence, Mo.

19. (a) 3-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1948 hour 9:20 minute P M.

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

Immediate cause of death Bronchopneumonia

Due to Hypertrophy of the Heart

Due to

Other conditions (Include pregnancy within 3 months of death) 95 C

Major findings:
Of operations

Of autopsy See Above

Duration

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) 0

While at work Means of injury

23. Signature A. E. Upsher (M. D. or other) MD

Address 2800 Main Date 3/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1949

APR 2 1948

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 Tom D. Marbland, Registered Apprentice No. 40, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

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.