FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28983
Primary Registration District No. 1000
Registrar's No. 985

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

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 518½ South 6th St
(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 49 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. 518½ South 6th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph A. Witucki
3. (b) If veteran, name war NONE
3. (c) Social Security No. 486-32-4471
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 23, 1898 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 13 If less than one day hr. min.

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name John Witucki
13. Birthplace Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Johanna Muleski
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs I. P. Spiek
(b) Address Faucett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Ft. Leavenworth, Ks
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 9-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1948 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Viewed Sept 6th, 1948, to, 19
that I last saw h alive on, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
94a

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 2
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address KING HILL BLDG. St. Joseph, Mo. Date signed 9/10/48

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

SEP 27 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Victor Barry

Licensed Embalmer No. A 212

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.