

FILED NOV 20 1948

State File No. _____

Registration District No. 114

Primary Registration District No. 1432

Registrar's No. 88

1. PLACE OF DEATH:

(a) County SULLIVAN FRANKLIN
(b) City or town SULLIVAN RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meramec Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 1/2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town SULLIVAN RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Meramec Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A? Yes - 8 years years.

3. (a) PRINT FULL NAME JOSEPH KRUGIER

3. (b) If veteran, name was No 3. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business Mining

MOTHER FATHER } 12. Name Krugielski

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

14. Maiden name Unknown

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

16. (a) Informant Sigmund Krugielski

(b) Address 1 Sullivan Twp MO

17. (a) Burial (b) Date thereof Nov. 9, 1948
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Burial Home

18. (a) Signature of funeral director Thos P. Shaffer

(b) Address Sullivan Twp MO

19. (a) 11-8-48 (b) Ch. Tractor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV, day 6, year 1948 hour 10 minute 4 A.M.

21. I hereby certify that I attended the deceased from June 5, 1948, to Nov 6, 1948.
that I last saw him in live on Nov 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of lungs
Due to secondary to Carcinoma of Prostate
Due to _____

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

Major findings: Of operations _____
Of autopsy 51B

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? 0

While at work? _____ (Specify type of place) (c) Means of transport Auto
23. Signature John J de la Torre (M. D. or other) _____
Address Sullivan Twp MO Date signed 11/6/48

Duration

6 mo.

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 19 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 *Edgar W. Paffon*
Licensed Embalmer No. *3492*
P. O. Address *Sullivan, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.