

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40452

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
c. LENGTH OF STAY (in this place) <b>5 Years</b>		d. STREET ADDRESS (If rural, give location) <b>113 South Noland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Demeter</b>	b. (Middle)	c. (Last) <b>Romanchuck</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 24 1948</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-10-1884</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>14</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yardman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	11. BIRTHPLACE (State or foreign country) <b>Austria</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>No Data</b>	13b. MOTHER'S MAIDEN NAME <b>No Data</b>	14. NAME OF HUSBAND OR WIFE <b>Julia Romanchuk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>086-03-6039</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Adelia Braden, Kansas City, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  <b>92a</b>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>  <b>yes</b>  <b>yes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mesenteric thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Calcereous aortic stenosis.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>mesenteric thrombosis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>D</b>
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22. I hereby certify that I attended the deceased from 12/14, 1948, to 12/24, 1948, that I last saw the deceased alive on 12/24, 1948, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James E. Luik, M.D.</b> (Degree or title)	23b. ADDRESS <b>1st Nat'l. Bk. Bldg. Independence, Missouri</b>	23c. DATE SIGNED <b>12/24/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>12/30/48</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-26-48</b>	REGISTRAR'S SIGNATURE <b>James E. Luik</b>	3545 FUNERAL DIRECTOR'S SIGNATURE <b>Joland</b>	ADDRESS <b>Indep. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

48

MISSOURI  
81

0-10-10

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Stanley M. Seaton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.