

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1949

Primary Registration District No. 4289

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Hawkpoint
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Hawkpoint
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM KOWAZEK
3. (b) If veteran, name war Civil War 3. (c) Social Security No. none
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 15 1847
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19 year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec. 18, 1944 to Dec. 19, 1948.
that I last saw him alive on Dec. 15, 1948.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
101 0 4 hr. min.

Immediate cause of death Myocarditis and uremia Duration 2 years
Due to Infirmities of old age 10 years
Due to r
Other conditions r
(Include pregnancy within 3 months of death)

9. Birthplace Bolémia
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name W.M. Kowazek
13. Birthplace Bolémia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wing
15. Birthplace Bolémia
(City, town, or county) (State or foreign country)

Major findings: r
Of operations _____
Of autopsy r 93 D
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Earnest
(b) Address Hawkpoint Mo.
17. (a) Burial (b) Date thereof 12-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Millwood Cemetery
18. (a) Signature of funeral director Wayne M. Eloy
(b) Address Troy Mo. 645
19. (a) 12-29-48 (b) Emma B. Rehrle
(Date received local registration) (Registrar's signature)

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter H. Dyer (M. D. or other) _____
Address Waverton, Mo. Date signed 12-22-48

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

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RECEIVED
District Health Officer No. 9,
District File Number
JAN 5 1949
Date Filed

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 Wayne McCoy
Licensed Embalmer No. 3586
P. O. Address Troy Ms.

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.