

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 132

1. PLACE OF BIRTH:

(a) County Jackson Mo June 7
(b) City or town Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10827 Burton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 22 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 10827 Burton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Joseph Charles Onka

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Julia Onka

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased June 26 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Aviation Chief Machinist

11. Industry or business US Navy

12. Name Mike Onka

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Kuba

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Onka

(b) Address 10827 Burton

17. (a) Burial (b) Date thereof 5/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Mausoleum

18. (a) Signature of funeral director Joseph C. Carson
(b) Address Independence Mo.
(c) Date received local registrar May 16 410 (d) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 8: minute P.M.

21. I hereby certify that I attended the deceased from July 5, 1939 to May 14, 1941; that I last saw him alive on 5/14/41 at 9:30 P.M. and that death occurred on the date and hour stated above.

Immediate cause of death: Advanced pulmonary + laryngeal tuberculosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____
23. Signature J. F. Farwell (M. D. or other) _____
Address Independence Mo Date signed _____

Duration About 2 yrs.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

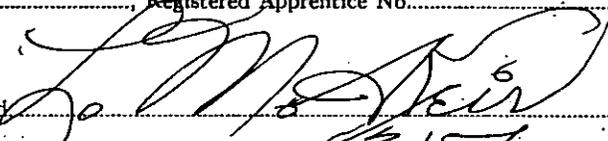
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 24 1941

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



Licensed Embalmer No.

3156

P. O. Address

Indeb 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.