S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17705

State File No.

Registration District No. 160 Primary Registration District No. 5225 Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural-West Dolan, Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(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)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Wisconsin (b) County ✓ 47

(c) City or town Cudahy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3873-E Van Norman, Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 2 years.

3. (a) PRINT FULL NAME Joseph Herman Pelczynski

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased July (Month) 14 (Day) 1893 (Year)

8. AGE: Years 48 Months 11 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Michael Pelczynski 1
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Chlebowski
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Roman Pelczynski
(b) Address 3873-E. Van Norman Ave Cudahy-Wis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE MO

19. (a) June 18, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1942 hour 12 noon minute ✓ M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__;
that I last saw h ✓ alive on ✓, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Hit by K. C. Southern train, while crossing over an overhead bridge — one mile west of West Line, Mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 014

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence June 17-1942-12 Oct

(c) Where did injury occur? 1 mi. west of West Line, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Means of injury

23. Signature J. Frank E Bybee acting Carmen (M. D. or other)

Address Harrisonville Mo Date signed 6-18-42

1071 (Licensed Embalmer's Statement on Reverse Side)

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 Frank E Riemenburger

Licensed Embalmer No. 2691

P. O. Address Harrisonville 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, above space should be left blank.