. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27907

State File No.

SEP 4 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 920 W./10th st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. 920 W. 10th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME MARY ANNA ROUCKA

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced M./

6. (b) Name of husband or wife Joseph Frank Roucka

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased NOVEMBER (Month) 9th (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	8	25	..... hr. ..... min.

9. Birthplace Klotovy Bohemia Europe
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business At Home

FATHER
12. Name Jacob Yelick
13. Birthplace ..... Bohemia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna
15. Birthplace ..... Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Frank Roucka
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo

19. (a) 8/6/42 (Date received local registrar) (b) Mrs Anne Seager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from July 16, 1942, to Aug 4, 1942
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to .....

Due to 94a

Other conditions Hypertension
(Include pregnancy within 3 months of death)
Arteriosclerosis

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:
(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 W. A. Bickmore (M. D. or other)
Address Sedalia Mo Date signed 8/5/42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-42

AUG 26 1943

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.