

S. No. 2
 1-9-4-41
 5-17-39
 PI X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

29634

State File No.

FILED OCT 14 1942

Registration District No.

Primary Registration District No. 3000

Registrar's No. 237

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ellis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days.
 In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town "Rural", Novinger
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route # 1
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country ///

3. (a) PRINT FULL NAME Agnes Gorkie

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Gorkie 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Anthony Odrzywatek

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Josephine Bobruska

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant James Gorkie

(b) Address Novinger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (Month) (Day) (Year)

(c) Place: burial, or cremation Novinger Cemetery

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) 9/10/42 (Date received local registrar) (b) Mr. J. D. Wayne (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 7 year 1942 hour 8:00 minute AM

21. I hereby certify that I attended the deceased from 9-5-1942 to 9-7-1942
 that I last saw her alive on 9-7-1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated hernia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1220

Major findings: Of operations prescription of intestinal overture
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. P. Ellis (M. D. or other)
 Address Kirksville, Mo. Date signed 9-10-42

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-1886

Date Filed OCT. 12, 1942

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.....

D. E. Riley

Licensed Embalmer No. 4181

P. O. Address. Westville 200

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.