

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 21 1942

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 267

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

14
1
2

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2y 11m 11d (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Magdalena Blackburn
 3. (b) If veteran, name war DK.
 3. (c) Social Security No. O. R.

4. Sex F 5. Color of 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 MAR. 10 1862
 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 7 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Business name Joseph Polachek

12. Name Joseph Polachek

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

14. Maiden name DK

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

16. (a) Informant Records
 (b) Address _____

17. (a) Burial (b) Date thereof 8 20 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portland, Mo.

18. (a) Signature of funeral director Glenn G. Mansin
 (b) Address 700 Court St. Fulton, Mo.

19. (a) 8-18 42 (b) Joan Morant
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Callaway
 (c) City or town Portland (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
 year 1942 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from 8/10/42 to 8/17/42
 that I last saw him alive on 8/17/42
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to Atherosclerosis

Due to _____

Other conditions 93d
 (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?

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

23. Signature George A. Reed (M. D. or other) MD
 Address Fulton Mo Date signed 8/17/42

Duration 2y 11m 11d
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 Glen Y. Manspin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.