

FILED JAN 11 1943

State File No. 4943  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Weeks  
(Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 43 South Mill Street  
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Dorothy Julia Nasalik

3. (b) If veteran, name war No

3. (c) Social Security No. 511-14-4896

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased January 20 1924  
(Month) (Day) (Year)

8. AGE: Years 18 Months 11 Days 9  
If less than one day  
hr. min.

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

10. Usual occupation Saleswoman

11. Industry or business Woolworth Company

MOTHER FATHER { 12. Name Stanley Nasalik

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

14. Maiden name Sophia Madej

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

16. (a) Informant Stanley Nasalik

(b) Address 43 South Mill St. K.C.K.

17. (a) Burial (b) Date thereof Dec. 31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Harry Butler

(b) Address 22 South 18th St. K.C.K.

19. (a) Dec 31, 1942 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th,  
year 1942 hour 7 minute 15A M.

21. I hereby certify that I attended the deceased from November 3  
1942 to December 29, 19 42  
that I last saw her alive on December 29th, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure of Hypostatic pneumonia  
Due to terminal Hodgkins disease of the breast and abdomen

Duration 7 days  
3 years

Other conditions 55  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
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

23. Signature L. P. Meagher (M. D. or other)  
Address 3119 E. 12th Date signed 12/29/42

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

33 31  
32

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**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 *Ross Bell*.....

Licensed Embalmer No. *Missouri 3426*.....

P. O. Address *Kansas City Kansas*.....

**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.**