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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21284

State File No.

ED JUL 12 1943

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: Washington, Mo. R#1 E. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 0

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

(d) Street No. Washington, Mo. Rural (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME JOHN B. Pataky

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Sida

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July (Month) 8 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	11	17	✓ hr. min.

9. Birthplace Unknown (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Waiter in Hotel

11. Industry or business Hotel

FATHER
12. Name John Pataky
13. Birthplace Unknown (City, town, or county) Unknown 2 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Helen Pataky

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wilbur G. Vitt Sec

(b) Address Washington, Mo.

19. (a) 6-25-43 (Date received local registrar) (b) Fred Kuether Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June ~~25~~ day 25 year 1943 hour unknown M.

21. I hereby certify that I attended the deceased from sudden accidental death — no medical attention; that I last saw h. ~~alive~~ on ✓ 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death due to being struck by a train

Due to ✓

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

O.K. Ernst L. Oltmann Coroner

169-8

30

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) accident 036

(b) Date of occurrence June 25-1943

(c) Where did injury occur? Washington (City or town) Franklin (County) Mo R#1 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Mo. Pac. R.R. right of way (Specify type of place)

While at work? no (e) Means of injury hit by train

23. Signature H. A. May (M. D. or other) MD

Address Washington, Mo. Date signed 6/26/43

1181

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1947

APR 28 1947

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.

Not Embalmed

Signed Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.