

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(c) Name of hospital or institution: 1723 Winchester
(d) Length of stay: In hospital or institution 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(d) Street No. 1723 Winchester
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Joseph Sadowski
(b) If veteran, name war no (c) Social Security No. 487-10-9116

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25
year 1943 hour 7 minute 30 A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Sadowski
(c) Age of husband or wife if alive 58-54 years
7. Birth date of deceased Nov. 19, 1885

21. I hereby certify that I attended the deceased from _____
that I last saw him _____
and that death occurred on the date and hour stated above.

8. AGE: Years 57-59 Months 8 Days 6
If less than one day _____ hr. _____ min.

Immediate cause of death Acute Pulmonary Edema
Due to Coronary Atherosclerosis with myocardial fibrosis

9. Birthplace Poland

Other conditions (Include pregnancy within 3 months of death) 940

10. Usual occupation Pattern Maker

11. Industry or business Security Stove Co.

MOTHER FATHER { 12. Name No Record
13. Birthplace Poland
14. Maiden name No Record
15. Birthplace Poland

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: See Above

16. (a) Informant Mrs. Mary Sadowski
(b) Address 1723 Winchester

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 7-29-43
(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C. Mo.

23. Signature: A.E. Wapner (M. D. or other) M.D.
Address: 23rd St. Mt. Cay Date signed: 7/25/43

19. (a) 7-26-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.