

**FILED OCT 7 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. **29659**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1117**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
none 523 Kentucky /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
Since 1913 (Specify whether  
In this community  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 523 Kentucky  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Murkovich

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 2 1877  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 26  
If less than one day  
.....hr. ....min.

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

10. Usual occupation ARMOUR & Co,

11. Industry or business \_\_\_\_\_

12. Name Frank Murkovich

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

14. Maiden name Margaret ?

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

16. (a) Informant Joseph Murkovich Son  
(b) Address 523 Kentucky St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Olivet Cemetery

18. (a) Signature of funeral director John C. ...  
(b) Address 6054 Pryor St. Joseph, Mo.

19. (a) Oct. 4, 1946 (b) A. J. ...  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 28th  
year 1946 hour 6:15 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from 23 SEPT  
1946 to 28 SEPT 1946;  
that I last saw him alive on 28 SEPT 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 6 DAYS

Due to HYPERTENSION 8 YEARS  
ARTERIOSCLEROSIS 10 YEARS

Due to CHRONIC MYOCARDITIS 5 YEARS

Other conditions 2 PREVIOUS CEREBRAL HEMORRHAGES  
(Include pregnancy within 3 months of death)

Major findings: NONE Of operations NONE  
Of autopsy NONE  
Physician 930  
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) No

(b) Date of occurrence No

(c) Where did injury occur? No  
(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 17

23. Signature Allen ... (M. D. or other) M.D.  
Address 403 Corby Bldg. Date signed 2 Oct 1946

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

28495

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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..... *John E. Rupp* .....

Licensed Embalmer No. *3986* .....

P. O. Address *St. Joseph, 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.**