No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 00484

Primary Registration District No. 1000

Registrar's No. 1141

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 711 South 21st Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 711 So. 21st. St. 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Joseph J. Wolski
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male d
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: ~~Tekla~~ Tekla
6. (c) Age of husband or wife if alive: ~~79~~ 69 years
7. Birth date of deceased: ~~March 19 1866~~ MARCH (Month) 19, (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71 ~~81~~	6	2	hr. min.

9. Birthplace: Unknown (City, town, or county) Poland (State or foreign country)
10. Usual occupation: Plumber (Retired)
11. Industry or business: None
FATHER
12. Name: Thomas Wolski
13. Birthplace: Unknown (City, town, or county) Poland (State or foreign country) 4
MOTHER
14. Maiden name: Anna (Unknown)
15. Birthplace: Unknown (City, town, or county) Poland (State or foreign country) 4
16. (a) Informant: Anthony Wolski
(b) Address: 516 So. 22nd. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siedenfaden
(b) Address: 1802 Union St. St. Joseph, Mo
19. (a) 9-24-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 297

Corrected by Husband 10-6-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 21 year: 1947 hour: 11 minute: 10 A.M.

21. I hereby certify that I attended the deceased from June 25, 1946 to Sept 21, 1947 that I last saw him alive on Sept 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic and mitral valvular insufficiency	Unknown
Due to	
Due to	
Other conditions: Epilepsy (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations: 9 B
Of autopsy:

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature: Guy Redmond (M. D. or other) M.D.
Address: St. Joseph, Mo. Date signed: 9/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1941

SEP 29 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 Guy F. Hays, Jr. Registered Apprentice No. 88, working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640.

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.

State of Missouri } ss.
County of Buchanan

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 1141

On this 7th day of October, 1947, before me appears Anthony Wolski, who, upon his oath, states that the original record of ~~XXX~~ death for Joseph J. Wolski, ~~XX~~ died Sept 21, 1947, 19, in the State of Missouri, and which was filed at St. Joseph, Mo. on 9/24/47 19, should be corrected as follows:

Item No. should read
Instead of

Item No. 6b should read Tekla
Instead of Tekle

Item No. 6c should read 69 yrs
Instead of 79 yrs

Item No. 7 should read March 19, 1976
Instead of March 19, 1866

Item No. 8 should read 71 yrs, 6mos, 2 days
Instead of 81 yrs, 6mos, 2 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anthony J. Wolski Son
Relationship.

516 So. 22nd St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of October, 1947.

My Commission expires APR 24 1949

E. L. Jenkins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
X36667

5-30484

OCT 9 1941