No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7926

Primary Registration District No. 1000

Registrar's No. 362

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: McKernan Nursing Home
1313 North 10th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ~~[illegible]~~ 2 mos 12 days (Specify whether years, months or days)
In this community: 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1313 North 10th St (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Skurka
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
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: years
7. Birth date of deceased: January 2, 1881 (Month) (Day) (Year)

8. AGE: Years 67 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) Poland (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Armour Packing Company
FATHER
12. Name: unknown
13. Birthplace: unknown, Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown, Poland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Agnes Raines
(b) Address: 2808 So 22nd St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8 year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 16, 1947 to March 8, 1947 that I last saw him alive on February 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Prostate	15 mos.
Cardiac Decompensation	5 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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)
While at work?: (e) Means of injury:
23. Signature: E. H. Werner (M. D. or Coroner)
Address: Kirkpatrick Building, St. Joseph, Missouri Date signed: 3-11-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1948

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 Victor Barry

Licensed Embalmer No. 4212

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.