

S. No. 3906
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16639

State File No. _____

Registration District No. 296

Primary Registration District No. 3-2-6-5078 Registrar's No. 131

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, 210 N. Sterling
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 39 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 210 N. Sterling
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. AGNES MARY POVALA

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John B. Povala 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan. 4, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Sugar Creek, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Kiesko

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

14. Maiden name Cecilia A. Michalka

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

16. (a) Informant Mr. John B. Povala

(b) Address 210 N. Sterling, Sugar Creek, Mo.

17. (a) burial (b) Date thereof 4/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 4-23-48 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 4:10 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Hanging -

Due to _____
Due to _____

Other conditions: Deputy Coroner
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy History + Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 4/21/48

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Hanging

23. Signature A. E. Wisher (M. D.)

Address 2800 Main Date 4/22/48

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. *4199*

P. O. Address *Independence, 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.