

Registration District No. _____ Primary Registration District No. 6038

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

1. PLACE OF DEATH:

(a) County Ripley (Flatwoods Twp)

(b) City or town Ripley Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lillian Pietrzykowski

3. (b) If veteran, _____ (c) Social Security _____

name war _____ No. _____

5. Color or race Female white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mike Pietrzykowski

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12-26-1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Michael Dzwonki

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

14. Maiden name Francis Kostant

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

16. (a) Informant Mike Pietrzykowski

(b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pollock, Mo.

18. (a) Signature of funeral director L. J. Dzwonki

(b) Address Douglas, Mo.

19. (a) 2-16-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 mi. East of Doniphan
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from no doctor in attendance and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary heart disease

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 9/40

Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) Coroner

Address Doniphan Mo Date signed 3-2-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED 5-11-48
District Health Officer No. B
District File Number 548368
Date Filed 5-27-48

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 Valerie Johnson
Licensed Embalmer No. 4273
P. O. Address Denison, Ia

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.