

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 214

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, 0117	
c. LENGTH OF STAY (In this place) 1 1/2 Hrs		d. STREET ADDRESS (If rural, give location) 415 Kemper Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 Kemper Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Antonia	b. (Middle) (Tillie)	c. (Last) Czajkowski	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Poland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mr Kendzora	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Charles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Wilk	ADDRESS 415 Kemper St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis, hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1951, to Jan 27, 1951, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm Raymond L Smith (Degree or title)	23b. ADDRESS 209-210 Kirbypatrick Bldg	23c. DATE SIGNED 1/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 30, 51	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. Jan 29, 1951	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Eidenfaden	ADDRESS 1802 Wood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0801 - 2, 600

FEB 5 1951

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert L. Gape*

Licensed Embalmer No. *3308*

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.