

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38873**
4894

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150	
c. LENGTH OF STAY (In this place) 1 Week		d. STREET ADDRESS (If rural, give location) 723 Pacific Avenue 8 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MAGDALENNA b. (Middle) STELLA c. (Last) POKRYWKA			4. DATE OF DEATH (Month) (Day) (Year) November 5 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed Y	
8. DATE OF BIRTH July 24, 1893		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR (Month) (Day) (Year) 5 11 1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		10b. KIND OF BUSINESS OR INDUSTRY K.C. Southern R. R.		11. BIRTHPLACE (City and State or Foreign Country) Poland 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Dybus		13b. MOTHER'S MAIDEN NAME Don't Know		14. NAME OF HUSBAND OR WIFE Joseph Pokrywka 1925	
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. 703-01-3695		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Pokrywka, 2633 N. Early, K.C.K.	

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 Cerebral Hemorrhage Carcinoma Cervix DUE TO (a) 2 years DUE TO (c) 17ix		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Metastases			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-4-52 to 11-6-52 that I last saw the deceased alive on November 5 1952, and that death occurred at 6:15P m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR G. W. Miller MD (Degree or title)		23b. ADDRESS Argyle Bldg., K.C. Mo		23c. DATE SIGNED 11/8/1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/8/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City 2, Kansas	
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DATE REC'D BY LOCAL REG. 11-8-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Butler's Sons, Kansas City, Kansas	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

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.