

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 19 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

40013  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township Sedalia Primary Registration District No. 9032 Registered No. 319  
 (c) City Sedalia (d) Street No. Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 1310 S. Harrison St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do Not Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 60

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Cigar Maker  
 10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo13. NAME Frank Avansino14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nesoma Italy15. MAIDEN NAME Theresa Lavagnio16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT (ADDRESS) Dave Avansino Sedalia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 8 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Laughlin Brod Sedalia Mo20. FILED Nov 8 1938 Year Slack Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 193822. I HEREBY CERTIFY That I attended deceased from Nov 5 1938 to Nov 5 1938

I last saw him alive on Nov 5 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 10/7/38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Murphy M. D.(Address) Sedalia Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/7/38

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, \_\_\_\_\_

Robert H. Reed

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Robert H. Reed

Licensed Embalmer No. \_\_\_\_\_

3745

P. O. Address \_\_\_\_\_

Sealahia 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, above space should be left blank.