MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40221
Do not use this space.

1. PLACE OF DEATH
(a) County: Marion — Registration District No.: 547
(b) Township or (c) City: Hannibal — Primary Registration District No.: 3029 — Registered No.: 317
(d) Street No.: St. Elizabeth 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: 620 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Samuel Caruso
(a) Residence, No.: 815 N. Third St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lena Caruso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11. 1870

7. AGE: Years 69 — Months — Days 7 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

FATHER
13. NAME: Nicholas Caruso
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Mrs. Lena Caruso Hannibal

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mary Cemetery DATE: Nov. 20. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jos. O'Donnell Hannibal Mo

20. FILED: Nov 21 1939 W. E. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18. 1939

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1939, to November 18, 1939
I last saw h~~im~~ alive on November 18, 1939. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance: Acute Cholecystitis with obstruction of common duct

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) B. L. Murphy M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 2022

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.