

Registration District No. 527

Primary Registration District No. 5703

Registrar's No. _____

1. PLACE OF DEATH:

FILED FEB 12 1940

(a) County Macon MO
(b) City or town Bevier MO
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 531

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY CONTRATTO
8. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 29
year 1940 hour 1 minute 12M.

21. I hereby certify that I attended the deceased from Sept 29, 1939 to Jan 1, 1940
that I last saw h. alive
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANDREW CONTRATTO 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased OCT 12 1886
(Month) (Day) (Year)

Immediate cause of death Diabetic mellitus
Duration 10 years

8. AGE: Years 53 Months 3 Days 19 If less than one day _____ hr. _____ min.

Due to Diabetic gangrene of right foot
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 54

10. Usual occupation Domestic

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name JOHN MARINA

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant ANDREW CONTRATTO

(b) Address Bevier, Mo

17. (a) BURIAL (b) Date thereof 2-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bevier Mo

18. (a) Signature of funeral director M. Edward

(b) Address Bevier Mo 470

19. (a) Feb 5-1940 (b) Edw. Simpson
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Specify type of place) _____ (e) Manner of injury _____

23. Signature J. J. Conway M.D. (M. D. or other title)
Address Macon MO Date signed 2-2-40

61
2
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-40-268

Date Filed FEB 10 1940

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 _____

H. Edwards, Registered Apprentice No. _____
working under my personal supervision.

Signed H. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly Me

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.