

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.

Registration District No. Y33

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Randolph
 (c) City or town Huntsville, MO
 (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.? 20 years.

8. (a) PRINT FULL NAME FRANCIS ELIZABETH PONCHETTO
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 20th
 year 1940 hour 7.00 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from March 18
1940 to April 20 1940
 that I last saw h. or alive on April 9th 1940
 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 16 1854
 (Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion
Heart Attack
 Due to Arterio Sclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 8.5 Months 10 Days 23
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Mariolas
 13. Birthplace Italy
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Italy
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Adolph Ponchetti
 (b) Address Huntsville MO
 17. (a) Burial (b) Date thereof Apr. 11, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville
 18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville MO
 19. (a) May 4 - 1940 (b) Mrs. D. R. Ponchetti
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature H. H. Johnston (M. D. or other) MO
 Address Huntsville MO & Date signed 4/20/40

RECEIVED

District Health Officer No. 10

FILED TO NUMBER 5-40-998
MAY 9 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.....

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

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.