

AUG 11 1941

State File No.

Registration District No. 29

Primary Registration District No. 5038

Registrar's No. 75

1. PLACE OF DEATH:
(a) County Barry Cassville, Mo.
(b) City or town Rural (Flat Creek Twp. 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)
(d) Length of stay: In hospital or institution. ---
In this community 40 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005
0
0
(a) State Missouri (b) County Barry
(c) City or town Cassville, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile east of Cassville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME Sylvio Sebastiano Antonio Buzzetti

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 27th.
year 1941 hour 6:00 P.M. MT.

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. COMPLEX Italian 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angeline (Morrelli) Buzzetti 73 years
7. Birth date of deceased March 23, 1861
(Month) (Day) (Year)

Immediate cause of death Chromis myocarditis

8. AGE:	Years	Months	Days	If less than one day
	79	10	4	-- hr. --- min.

Due to _____
Due to _____

9. Birthplace Gallivaggio, Italy 5
(City, town, or county) (State or foreign country)

Other conditions Chronic glomerulonephritis
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Ballographer & Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Williams

(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof 1/30/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetary

18. (a) Signature of funeral director Horina-Culver

(b) Address Cassville, Mo.

19. (a) March 15, 1941 (b) Geo. W. Neuman, M.D.
(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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature E. E. McLeod (M.D.)
Address Cassville, Mo. Date signed 2/1/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 841-1310

Date Filed AUG 7 1941

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

P. Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed P. Horner

Licensed Embalmer No. 1414

P. O. Address Lawrence, Va

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.