

No. 2  
4-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28815

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County MACON, IL  
(b) City or town MACON, IL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARBARITAN  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community ✓  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MACON, IL  
(c) City or town KEOTA, RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARIA LENZINI  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WH 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ARNEDO LENZINI 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APR. 20 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Santis  
13. Birthplace Italy  
(City, town or county) (State or foreign country)  
14. Maiden name Josephine Santis  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Lengui  
(b) Address Beverly Ave

17. (a) Burial (b) Date thereof 8-21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beverly Ave

18. (a) Signature of funeral director H. G. Edwards  
(b) Address Beverly Ave

19. (a) 8/22/41 (b) Geo. H. Hentzer  
(Date received local registrar) (Registrar's signature)

476 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1941 hour \_\_\_\_\_ minute 7:10 P.M.  
21. I hereby certify that I attended the deceased from July 26 1941 to Aug 18 1941  
that I last saw him alive on Aug 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gallbladder (Head)  
Due to Secondary Ca. of Breast  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations H. G.  
Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_  
23. Signature J. P. Honoway M. D. or other \_\_\_\_\_  
Address Macon, MO Date signed 8/24/41

Duration  
5 mos or more  
PHYSICIAN  
2 mos or more  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-41-1631

Date Filed SEP 17 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie, 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, fact should be so stated above.