

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22075
State File No. _____
Registrator's No. 111

FILED JUL 22 1942
Registration District No. 35

Primary Registration District No. 3034

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

38
306

1. PLACE OF DEATH:

(a) County Randolph County

(b) City or town Moberly, Missouri
(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 _____ (Specify whether)

In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Disippa

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Angelina

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 24 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 10 20 hr. min.

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

10. Usual occupation Coal digger

11. Industry or business _____

MOTHER FATHER {

12. Name Ben Disippa

13. Birthplace Troy, Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name don't know

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

16. (a) Informant Frank D. Dargatzis

(b) Address 709 1/2 E. 3rd

17. (a) burial (b) Date thereof June 7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Malin

18. (a) Signature of funeral director E. G. Napper

(b) Address Clarence, Moberly

19. (a) 6-5-42 (b) Irma Kahl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 905 Taylor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from June 3 1942 to June 4 1942 that I last saw him alive on June 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to _____

Due to _____

Other conditions Heart Exhaustion
(Include pregnancy within 3 months of death)
June 3, 1942

Major findings: _____

Of operations _____

Of autopsy 1942

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? _____

(Specify type of place)

While at work _____ (Specify type of place)

23. Signature Ed Tucker MD (M. D. or other)

Address Moberly, Mo Date signed June 5, 1942

RECEIVED

District Health Officer No. 10

District File Number 7-42-1480

Date Filed JUL 21 1942

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.....

P. O. Address.....

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.