

FILED OCT 5 1942

State File No.

Registration District No. 194

Primary Registration District No. 402-7-5065

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Crack Twp - P.O. Mulberry Kans
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Crack Twp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Mulberry, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? Italy (Yes or No)
 If yes, name country Italy

3. (a) PRINT FULL NAME ALFONSO MORETTI

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

4. Sex Male 5. Color or race Italian 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Santa Moretti 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased July 3 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 17 If less than one day
hr. min.

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

10. Usual occupation Coal operator

11. Industry or business Deep coal mine

12. Name Giovanna Moretti

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

14. Maiden name Marian Marini

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

16. (a) Informant Jennie Uccellani

(b) Address Mulberry Kansas

17. (a) Burial (b) Date thereof 9 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Olive - Pittsburg, Mo.

18. (a) Signature of funeral director J. M. Kerkey

(b) Address Mulberry Kansas

19. (a) 9/23/42 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1
 1942 to Sept 20 1942
 that I last saw him alive on Sept 20 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of right lung

Duration
4 mos.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations Rob. resection
 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 A W Sandridge (M. D. or other)
 Address Mulberry, Kansas Date signed 9/23/42

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

600

18

1260

RECEIVED

District Health Officer No. 6,

District File Number 1042-1411

Date Filed OCT 2 1942

JUN 24 1948

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 J. M. Berkeley
Licensed Embalmer No. 2336
P. O. Address Mulberry, Kan

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.