

JAN 30 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1323 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson **48**

(c) City or town J.C.
(If outside city or town limits, write "RURAL.")

(d) Street No. 1323 Cherry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME Calogero Miceli (Chas Mitchell)

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1943 hour 8:30 minute P. M.

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

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 19 1886
(Month) (Day) (Year)

Immediate cause of death:
Dissecting aneurysm of the aorta.
Demis pericardium

Due to 20 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<u>56</u>	<u>0</u>	<u>24</u>		hr. min.

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

10. Usual occupation Labor

11. Industry or business Rail road

MOTHER FATHER

12. Name Giovanni miceli

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

14. Maiden name Calogera Calia

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

16. (a) Informant Filippo Miceli

(b) Address 1323 Cherry

17. (a) Burial (b) Date thereof 1/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Lebetos

(b) Address 901 E 5th

19. (a) 1-20-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations

Of autopsy See above

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?

(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 JOSEPH S. (M. D. or other) **3**

Address 1002 Date signed 1/14/43

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 _____
Ray E. Snow

Licensed Embalmer No. *2570*

P. O. Address *Linnwood at Olive*

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.