No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 293

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6004

State File No. 7346

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Rall Co

(b) City or town Ilasco Tuesday

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rall 87

(c) City or town Ilasco 0

(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 0

3. (a) PRINT FULL NAME FRANK GIZZARELLI

3. (b) If veteran, name war

3. (c) Social Security No. 490-07-7829

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased ~~Jan~~ May (Month) 30 (Day) 1876 (Year)

8. AGE: Years 66 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Angelo Vanditti

(b) Address Ilasco Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cemetery

18. (a) Signature of funeral director Jas Donnell

(b) Address Hannibal Mo

19. (a) 2-10-43 (Date received local registrar) (b) R S Berkeley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan-9 day 16 year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I ~~attended the deceased~~ viewed from dead body Jan-16 1943 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury

23. Signature H E Caldwell (M.D. or other) Coroner

Address New London Date signed 1/16/43

(Licensed Embalmer's Statement on Reverse Side)

1171

JAN 3 1949

RECEIVED
District Health Officer No. 10
District File Number 3-43-428
Date Filed MAR 4 1943

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 James J O'Donnell

Licensed Embalmer No. 2022

P. O. Address Hannibal - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.