

FILED AUG 14 1949  
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2256

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: General Hosp. 0  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson <sup>48</sup>

(c) City or town Sugar Creek Mo. <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 300 N Forest  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pilligrino Rossi

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

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

65 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Care Taker

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

MOTHER FATHER { 12. Name Unknown

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Antonio Onofrio

(b) Address 527 Gladstone

17. (a) Burial (b) Date thereof 8/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys Cem

18. (a) Signature of funeral director: S. B. BERTO S

(b) Address 901 E. 5th

19. (a) 8-2-43 (b) D. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30  
year 43 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death \_\_\_\_\_

Acute Circulatory Failure

Due to Diabetes Mellitus

Due to 61 (Arteriosclerosis)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See Above

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 D. C. Brown (M. D. or other) M. B. Brown  
Address 253 Mc Kay Date signed 7/30/43

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

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**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.**