

No. 2
2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42980

FILED DEC 17 1943

State File No. _____

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon

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

(d) Length of stay: In hospital or institution 6 days (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Nizzi

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 Single

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

7. Birth date of deceased 6-28-1878
(Month) (Day) (Year)

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

65 4 3 hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER {

12. Name Alon Nizzi

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

14. Maiden name Marna Nizzi

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

16. (a) Informant Bartello Nizzi

(b) Address Waukee Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation 13 miles Mo

18. (a) Signature of funeral director Bob Edwards

(b) Address 13 miles Mo

19. (a) 12/2/43 (Date received local registrar) (b) Jacob Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 27 1943 to Oct 27 1943 that I last saw him alive on Oct 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 6 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P.P. Honoway (M. D. or other) 5

Address Macon Mo Date signed 12/1/43

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

RECEIVED

District Health Officer No. 10

District File No. ~~DEC 124 1943~~ 1974

~~Dist. File~~

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. S. Edwards*

Licensed Embalmer No. *2-1961*

P. O. Address *Bevis, Mo.*

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.