

FILED JUN 12 1944

Registration District No. 2100

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tamaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT
FULL NAME

Rugust Amidei

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. 486-12-6118

4. Male 5. Color or White 6. (a) Single, widowed, married, Divorced
(b) Name of husband or wife Antoinette Amidei 6. (c) Age of husband or wife if 11 years
7. Birth date of deceased 7 (Month) 11 (Day) 1895 (Year)

8. AGE: Years 48 Months 8 Days 17 If less than one day
hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business

12. Name Gamer Amidei
13. Birthplace Triumalbo Italy
(City, town, or county) (State or foreign country)
14. Maiden name Caterina Pongoni
15. Birthplace Triumalbo Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Amidei

(b) Address 13 eves. No. 4

17. (a) Burial (b) Date thereof 3-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cemetery

18. (a) Signature of funeral director W. S. Edwards

(b) Address 13 eves. No. 4

19. (a) 2/22/44 (b) J. B. Hunter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Beverly
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1944 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from
....., 19....., 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 Hit on top of head, right side, a terrific blow by an unknown person
Due to means done on County Highway, between
Due to 13 eves. No. 4

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Jury Inquest
Of autopsy Put & removed

22. If death was due to external causes, fill in the following: Open wound

(a) Accident, suicide, or homicide (specify) Unknown
(b) Date of occurrence 3-28-44
(c) Where did injury occur? Beverly Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public county road
While at work? yes (Specify type of place) (e) Means of injury Car

23. Signature W. S. Edwards (Dr. B. of other)
Address 13 eves. No. 4 Date signed 3/27/44

RECEIVED

Division Health Officer No. 109

Clerical File No. 6-44-1098

Date Filed JUN 9 1944

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

W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address *Bowie, Md.*

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.