

No. 2
1-2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21977

FILED JUL 13 1944
Registration District No. 200

Primary Registration District No. 3041

State File No. _____
Registrar's No. 61

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

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

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

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

3. (a) PRINT FULL NAME Mary Brugioni

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from June 14
1944, to June 28, 1944

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Feb 8 1858
(Month) (Day) (Year)

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 4 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death Fracture of Pelvis Duration 2 Wks

Due to Cerebral arteriosclerosis with hypertension 30 yrs

Due to _____ 4 yrs

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation house wife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Ges Ronchello

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

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Brugioni

(b) Address College, Macon, Mo

17. (a) burial (b) Date thereof July 1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles - Cem Seven

18. (a) Signature of funeral director Robert Skupner

(b) Address Macon, Mo

19. (a) 7/5/44 (b) Ira B. Hunkler
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature A. J. Honors (M.D. or other) _____

Address Macon, MO Date signed 7-5-44

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

203

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-44-1283

Date Filed JUL 1 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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon

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.