

FILED JAN 4 1945

5147

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 E 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Keokuk
(If outside city or town limits, write "RURAL")
(d) Street No. 617 E 5th
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country FD

3. (a) PRINT FULL NAME DOMNICK SERAGUSA

3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-5936

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Janetta 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May 16 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business
12. Name Mike Seragusa
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Olga Favoroso
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Janetta Seragusa
(b) Address 615 E 5th

17. (a) Burial (b) Date thereof 12/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cem

18. (c) Signature of funeral director Sebbeto's
(b) Address 901 E 5th

19. (a) 12-18-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec - Day 16 Year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Sept 23, 1944 to Dec 15, 1944
that I last saw him alive on Dec 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death chronic jaundice

Due to Carcinoma of the liver
chronic nephritis
Due to ascites general

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 40%
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 3

23. Signature Dr. G. A. Denny (M. D. or other) MD
Address 7748 Charlat Date signed 12/15/44

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

MOTHER FATHER

36

2748 Charles
Lt 2993
Wm De Melby

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..... *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address..... *NC 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.