

FILED JAN 11 1945

5341

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett Mo
(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) 1141 E 5th
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 25 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1141 E 5th (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME

Angeline Vicari

3. (b) If veteran, name war _____

3. (c) Social Security No. 70

4. Sex Female

5. Color W

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

6. (b) Name of husband or wife Joe Vicari

6. (c) Age of husband or wife if alive Recessed

7. Birth date of deceased Oct 3rd 1880
(Month) (Day) (Year)

20. DATE OF DEATH: Month Dec day 27 year 1944 hour 2:27 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 27 1944 to Dec 20 1944; that I last saw h. ER alive on Dec 20 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Congestion of lungs Duration 30 days

8. AGE: Years 64 Months 2 Days 25 In less than one day 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Salvatore Ronti

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

14. Maiden name Francesca Spota

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

16. (a) Informant: Dominic Vicari

(b) Address 1141 E 5th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary of Mount Carmel

Due to Nephritis Disease 10 yrs.

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death) 44B

Major findings: _____ Of operations _____

Of autopsy _____

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 Eugene R. Young (M. D. or other) D.O.
Address 3800 Broadway Date signed 12-28-44

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

MOTHER FATHER

8252 78

3800

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

Alan B. [Signature]

Licensed Embalmer No. 4273

P. O. Address 122 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.