

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12736
Registrar's No. 10

FILED MAY 2 1945
Registration District No. 21945

Primary Registration District No. 4027

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

1. PLACE OF DEATH:

(a) County BARTON

(b) City or town BURGESS, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
P.O. Mulberry, Kansas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. P.O. Mulberry, Kansas
(If rural, give locality)

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

3. (a) PRINT FULL NAME Louie's CRAPELLA

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1945 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from Aug 10
1940, to Feb 17 1945
that I last saw him alive on Feb 16 1945
and that death occurred on the date and hour stated above.

4. Sex M (D) race W

5. Color or race W

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

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

7. Birth date of deceased May 13 1871
(Month) (Day) (Year)

Immediate cause of death Natural Regurgitation 4 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>4</u>	hr. min.

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

10. Usual occupation COAL MINER

11. Industry or business Deep Mine

12. Name John Crapella

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

14. Maiden name Maria Corvi

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

16. (a) Informant Tony Panizzi

(b) Address Mulberry, Kansas

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 2 20 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, KANSAS

18. (a) Signature of funeral director J.M. Beckey

(b) Address Mulberry, Kansas

19. (a) 3/23/45 (Date received local registrar)

(b) Blanche Sackett (Registrar's signature)

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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 Allen W. Sarschiller (M. D. or other)

Address Mulberry, Kan. Date signed 2-19-45

RECEIVED

District Health Officer No. 6

District File Number 445-438

Date Filed APR 17 1945

FEB 23 1945

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. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans

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.