

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED OCT 12 1945 STANDARD CERTIFICATE OF DEATH

30349

State File No. _____

Registration District No. 73

Primary Registration District No. 2014

Registrar's No. 102

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
733 Sunset
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 year 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay 24
 (c) City or town Liberty
(If outside city or town limits, write "RURAL")
 (d) Street No. 733 Sunset
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

3. (a) PRINT Full Name Neli Bernardi Allegrini
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 13
 year 1945 hour 3:15 minute _____ P.M.
 21. I hereby certify that I attended the deceased from Sept. 6
 1945, to Sept 13, 1945
 that I last saw her alive on Sept 12, 1945;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Italian
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annibale Allegrini
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased January 10 1883
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
 Due to Coronary Sclerosis - Indef
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

Major findings:
 Of operations 9/4
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife
At home

MOTHER FATHER
 12. Name Gioacchino Bernardi
 13. Birthplace Valdottavo Lucca Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Francesca Pieroni
 15. Birthplace Lucca Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dina Lunn
 (b) Address 733 Sunset Liberty, Mo.

17. (a) Burial (b) Date thereof 9/15/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Liberty, Mo.

18. (a) Signature of funeral director O.J. Carder Jr.
 (b) Address 119 E. Franklin St. Liberty, Mo.

19. (a) Sept 15 - 45 (b) Minnie Waynes
(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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Henry W. Henderson M.D.
 Address Liberty, Mo. Date signed 9/14/45

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

4
2

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-10-45

MAY 19 1947

NOV 14 1946

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 *O. J. Carder Jr.*

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.