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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 33465

Registration District No. 6 — Primary Registration District No. 4107 — Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Spgs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 20 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Spgs 1 (If outside city or town limits, write "RURAL")
(d) Street No. 110 W Olive 0 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME MICHAEL ANGELO
3. (b) If veteran, name war Spanish
3. (c) Social Security No. ____

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 11 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
76		9	

9. Birthplace Lucca (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ____
FATHER 12. Name Michael Angelo
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Amadene
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)
16. (a) Informant Annie Angelo
(b) Address 110 W Olive St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Nafus Funeral Home
(b) Address El Dorado Spgs
19. (a) 9/22/45 (Date received local registrar) (b) J W Brammer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1945 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Sept 20, 1945, to Sept 20, 1945,
that I last saw him alive on Sept 20, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83 1a
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature J W Dawson (M. D. or other)
Address El Dorado Spgs. Date signed 9-25-45

1633

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 19[illegible]

REG... ...th Officer No. 1

9-40-10-42

10-23-40

Date filed

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 George W. Mofus

Licensed Embalmer No. 2752

P. O. Address: El Dorado Spgs

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.