

FILED JAN 14 1946

Registration District No. 128

Primary Registration District No. 2000

1029

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 734 S. Grant  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 Years (Specify whether years, months or days)

In this community 34 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 734 S. Grant  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Joseph George Rebori

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1945 hour 2 minute 25p. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora G. Rebori

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 25, 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-8, 1945, to 12-15, 1945  
that I last saw him alive on 12-14, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 4 Days 20 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage 1wk.

Duration 1wk.

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

Due to Atherosclerosis yes

Due to .....

10. Usual occupation Merchant

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business .....

12. Name Sontina Rebori

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

14. Maiden name Mary (UNK.)

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

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Mrs. Joseph Rebori

(b) Address Springfield, Mo.

17. (a) Burial St. Mary  
(Burial, cremation, or removal)

(b) Date thereof 12/18/45  
(Month) (Day) (Year)

(c) Place: burial or cremation.....

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?.....

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-17-45 (b) H. H. Handley  
(Date received local registrar) (Registrar's signature)

While at work?.....

23. Signature Medical Dept. Bldg. Date signed 12-17-45

488 (Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Walter E. Hamelton*  
Licensed Embalmer No. *3888*  
P. O. Address..... *Springfield, 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.**

X