

No. 2-43
5-17-39
X336

DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS
FILED MAY 13 1946
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13347
State File No. 30547
1995
Registrar's No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town J.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1013 E 5th Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 yrs (Specify whether)
In this community 45 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town J.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 E 5th Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA RUSSO
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Nicola
6. (c) Age of husband or wife if alive 1859 years (Month) (Day) (Year)

8. AGE: 87 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Dance wife

11. Industry or business

12. Name Matthew Alessi

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

14. Maiden name Caroline Lecharbon

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

16. (a) Informant Joe Russo

(b) Address 531 Harrison

17. (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary Cem

18. (a) Signature of funeral director Sebbeto's

(b) Address City

19. (a) 4-30-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 46 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive Reputy Coroner
and that death occurred on the date and hour stated above

Immediate cause of death Bronchopneumonia

Due to Carcinoma of face

Due to

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy History of inspection

PHYSICIAN
Underline the cause to which death should be attributed 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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature A. E. Walker (M. D. or D. V. M.)

Address 2808 Main Date 4/11/46

12253

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.....

Ray E. Snow

Licensed Embalmer No..... *2560*

P. O. Address..... *R. E. Snow*

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.