S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21104

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 94

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Jacob Stevens Vernatti
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Vernatti
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 11 (Month) 23 (Day) 1862 (Year)

8. AGE: Years 83 Months 6 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
12. FATHER Name Allen Vernatti
13. FATHER Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. S. Vernatti
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Cemetery
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) June 26, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1946 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from 6-17, 1946, to 6-20, 1946; that I last saw him alive on 6-20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 (M.D. or other)
Address Rolla, Mo. Date signed 6-26-46

252 (Licensed Embalmer's Statement on Reverse Side)

JAN 4 1950

AUG 1 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 .....

June - 20 - 1946 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Fred H. Gillens

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.