S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22501

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 75

1. PLACE OF DEATH:

(a) County: Vernon
(b) City or town: ~~State Hosp 3~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~1 year 4 days~~ State Hospital No. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 4 days (Specify whether years, months or days)
In this community 1 year - 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: unknown
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Italy

3. (a) PRINT FULL NAME: CHARLES GARBARINI
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: wh
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: July (Month) 17 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
58	11	—	— hr. — min.

9. Birthplace: Bassignana (City, town, or county) Italy (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: none
12. Name (FATHER): Pietro Garbarini
13. Birthplace: Italy
14. Maiden name (MOTHER): Giovanna Valla
15. Birthplace: Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 7 minute P M.
21. I hereby certify that I attended the deceased from June 13, 1945, to June 17, 1946 that I last saw him alive on June 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Paresis — Duration
Due to: 97
Due to:
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations: no operation
Of autopsy: yes - findings as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

16. (a) Informant: Records State Hosp 3
(b) Address: Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Hospital Cemetery
18. (a) Signature of funeral director: Allen V. Hays
(b) Address: Nevada Mo.
19. (a) 6-19-46 (Date received local registrar) (b) Kathryn Hancock (Registrar's signature)

22. If death was due to external causes, fill in the following: no
(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: Paul L Barone (M. D. or other)
Address: State Hosp No 3 Date signed: June 18

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

Affidavit 1-1-93 Stella

OCT 2 1950

OCT 9 1950

RECEIVED
District Health Officer No. 7,
District File Number 546-634
Date Filed 6-26-46

STATEMENT BY LICENSED EMBALMER

JAN 19 1951

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Allen V Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Tennessee } ss.
County of Shelby }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of January, 1951, before me appears Mrs Josephine Garbarini Robilio, who, upon her oath, states that the original record of ~~birth~~ death for Charles Garbarini, died ~~born~~ June 17, 1946, in the State of Missouri, and which was filed at Jefferson, Mo. on June 28, 1946, should be corrected as follows:

Item No. 3 should read Charles Garbarini
Instead of Charles Garborini

Item No. 9 should read Bassignana, Italy
Instead of Unknown, Italy

Item No. 12 should read Pietro Garbarini
Instead of Unknown

Item No. 13 should read Bassignana, Italy
Instead of Unknown, Italy

Item No. 14 should read Giovanna Villa
Instead of Gianna Vidoli

Item No. 15 should read Bassignana, Italy
Instead of Unknown, Italy

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Josephine G. Robilio sister
Relationship.

1483 Snowder, Memphis, Tenn.
Present Address.

Subscribed and sworn to before me this 16 day of January, 1951

My Commission expires My Commission Expires Apr. 5, 1953

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

22501