

S. No. 2
DM-5-43
v. 5-17-39
I X36571

FILED AUG 5 1948

Registration District No. 5348 Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Weeks
 In this community 8 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Vesella
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 2, 1867
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Perry County, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
 12. Name John L. Vesella
 13. Birthplace Perry County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. E. Meredith
 15. Birthplace Perry County, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Val Mermer
 (b) Address Perryville, Mo.
 17. (a) Burial (b) Date thereof 7-25-1946
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial Home Cemetery

18. (a) Signature of funeral director Funeral Home
 (b) Address Perryville, Mo.
 19. (a) 7-27-1946 (b) G. C. Summers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79
 (c) City or town Perryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Edgemont Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1946 hour 5: minute P M.
 21. I hereby certify that I attended the deceased from May 22 1946 to July 22 1946
 that I last saw him alive on July 22 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum Duration 1 yr

Due to _____
 Due to _____
 Other conditions 46d
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum with obstruction
 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? _____

While at work? _____ (Specify type of place)
 or (e) Means of injury _____
 23. Signature R. G. Retter, M.D. (M. D. or other)
 Address Cape Girardeau, Mo. Date signed 7-23-46

RECEIVED

District Health Officer No. 4
District File Number 746-2395
Date Filed 7-30-46

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

Le Roy J. Schindler

Licensed Embalmer No. 4175

P. O. Address

Perryville, 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.