

S. No. 2  
DM-2-43  
v. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

223227

State File No. \_\_\_\_\_  
Registrar's No. 82

FILED AUG 6 1948 Primary Registration District No. 5432

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Sullivan Missouri  
(c) Name of hospital or institution: 3 TWP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community on way through wa auto  
years, months or days)

3. (a) PRINT FULL NAME Francis Leo Cassatta  
3. (b) If veteran, name war World War II 3. (c) Social Security No. 268-07-6901

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 April 1, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 3 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Charles Cassatta

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

14. Maiden name Mary Reichert

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

16. (a) Informant Mrs. Bertuda Inchieta

(b) Address 2520 W. 7th Street

17. (a) Removal (b) Date thereof 7-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altoona Pa

18. (a) Signature of funeral director Wm. J. Goffer

(b) Address Sullivan Mo

19. (a) 7-11-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Pa. (b) County Blair  
(c) City or town Altoona  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (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 10th  
year 1946 hour 5 minute 45 a.m.  
21. I hereby certify that I attended \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of skull  
Due to bar accident

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1900's

Major findings: Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7/10/1946

(c) Where did injury occur Sullivan Pa  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 6.3 mi East Altoona Mo  
While at work Driving (Specify type of place) (e) Means of injury accident

23. Signature E. G. Ottmann  
Address Union Mo Date signed 7/10/46

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side) Call: of cars truck

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

22083

36

RECEIVED  
District Health Officer  
District File Number 8-46-3  
Date Filed 9-2-46

MAR 24 1947

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address .....

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.