

FILED NOV 7 1946
116

Registration District No. 116

Primary Registration District No. 5434

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

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town RURAL BOLES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DETTERS STATION RD. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN ³⁶

(c) City or town RURAL - LABADIE MO. R-1
(If outside city or town limits, write "RURAL")

(d) Street No. DETTERS STATION RD.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES W. LABRETTO

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELLA LABRETTO 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased OCT. 3, 1888
(Month) (Day) (Year)

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

58 0 26 hr. _____ min.

9. Birthplace FRANKLIN Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

12. Name BERNARD LABRETTO

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. ELLA LABRETTO

(b) Address LABADIE, MO. RR#1

17. (a) Burial (b) Date thereof NOV 1-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Conv. & Misericordia Mo.

18. (a) Signature of funeral director Schroder Funeral Home

(b) Address Balspar, Mo.

19. (a) 10/31/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 29th
year 1946 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased 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 accident

Due to Shot with 12 Ga. Shot Gun Left Breast.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157

Of autopsy 117

Duration

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) Accident ³⁶

(b) Date of occurrence October 29th 1946

(c) Where did injury occur Labadie RA, Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on his own farm.

(e) Means of injury accident

23. Signature E. F. Ottmann (M.D. or other) Baroner

Address Zion mo Date signed 10/29/46

RECEIVED
District Health Officer No. 9,
Dialysis File Number
Date Filed 11/27/46

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 Albert G. Hoff
Licensed Embalmer No. 2971
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.