DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39560

State File No.

Registration District No. 14 Primary Registration District No. 8063 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 47 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton

(c) City or town Barton City Township
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Italy

3. (a) PRINT FULL NAME ANNA POMATTO

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 13 (Day) 1861 (Year)

8. AGE: Years 85 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Turin (City, town, or county) Italy (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Charley Ricca
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Pomatto
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Fred Pomatto
(b) Address Lantha, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 46 (Month) (Day) (Year)
(c) Place: burial or cremation Barton City

18. (a) Signature of funeral director L. Gerald Berry
(b) Address Sheldon Mo.

19. (a) 12/6/46 (Date received local registrar) (b) Antonia Schuster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1946 to Dec. 1st, 1946 that I last saw her alive on Dec. 1st, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage.	1 Mo.
Due to Senility, Chronic Nephritis	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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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) None

(b) Date of occurrence None

(c) Where did injury occur? None (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? None (e) Means of injury None

23. Signature F. R. Spell (M. D. or other)

Address Liberal Mo. Date signed 12/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1246-1238
Date Filed DEC 11 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Sheldon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.