

Registration District No. 12

Primary Registration District No. 5073

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Northfork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 mile North West Jasper Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mile North West Jasper Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Pasquale Serafini

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Caroline Serafini 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 31 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Same

12. Name Serafino Serafini

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

14. Maiden name Unknown Italy

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

16. (a) Informant Guy Serafini

(b) Address Jasper Mo. #3

17. (a) Burial (b) Date thereof 1-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Lamar, Mo.

18. (a) Signature of funeral director Pho J. Tuter

(b) Address Jasper Mo.

19. (a) Jan 24 1947 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1947 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from 4 to January 7, 1947
that I last saw him alive on January 6, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia, terminal
bronchial, terminal 36 hrs
Arteriosclerotic heart 20 yrs

Duration

Due to Arteriosclerotic heart 20 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

(Specify type of place) While at work? (e) Means of injury

23. Signature James A. Atkins (M. D. OK)

Address Lamar, Mo. Date signed 1-8-47

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

MOTHER FATHER

14

RECEIVED

District Health Officer No. 6,

District File Number 147-129

Date Filed JAN 18 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper 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.