S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35055

FILED NOV 4 1947

Registration District No. 2097 Primary Registration District No. 3043 Registrar's No. 366

1. PLACE OF DEATH
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 405 Broadway 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Terry Lee Guettrocchi
3. (b) If veteran, name war
3. (c) Social Security No.

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 October (Month) 13 (Day) 1947 (Year)

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

9. Birthplace Hannibal (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Daniel Guettrocchi
13. Birthplace Moberly (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Rose Lee Carey
15. Birthplace Palmyra (City, town, or county) MO (State or foreign country)

16. (a) Informant Daniel Guettrocchi
(b) Address 405 Broadway Hannibal MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Palmyra Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO
19. (a) 10-27-47 (Date received local registrar) (b) DVR M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour minute 7 P M.
21. I hereby certify that I attended the deceased from Oct 13, 1947, to Oct 15, 1947; that I last saw him alive on Oct 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage — 2 hrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Hannibal MO Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Oct 22-47

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

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 N. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.