

FILED MAR 6 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett, 704 4th Street
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) Since 25 years of age

3. (a) PRINT FULL NAME John J. Mourglia

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

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

6. (b) Name of husband or wife Josephine Reynaud 6. (c) Age of husband or wife if alive Deceased years _____

7. Birth date of deceased December 28 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Mourglia

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

14. Maiden name Unknown

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

16. (a) Informant Felix Mourglia

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waldensien Cemetery

18. (a) Signature of funeral director Bennett-Wormington

(b) Address Monett, Mo.

19. (a) 2-3-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 704 4th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 1
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15 to Feb 1 1948
that I last saw him alive on Feb 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Duration _____

Due to Arterio Sclerosis

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 W. M. West (M. D. or other) _____

Address Monett, Mo. Date signed 2-3-48

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

2
45
39
47070

RECEIVED
District Health Officer No. 6,
District File Number 348-299
Date Filed MAR 4 1948

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

R Gordon Bennett

Licensed Embalmer No.

4213

P. O. Address

Monett, 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.