

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36571

FILED MAR 13 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH**

(a) County Jackson

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

(c) Name of hospital or institution:  
912 E 5th 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community since 1905 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** JOE VACCARO

**3. (b) If veteran,** name war no

**3. (c) Social Security** No. none

**4. Sex** M **5. Color or** W **6. (a) Single, widowed, married,** M  
race W divorced 1

**6. (b) Name of husband or wife** Elizabeth **6. (c) Age of husband or wife if** 62  
alive \_\_\_\_\_ years

**7. Birth date of deceased.** July 13 1881  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>6</u>	_____ hr. _____ min.

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

**10. Usual occupation** Soda Water Mfg

**11. Industry or business** "

**12. Name** Fredemanda Vaccaro

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

**14. Maiden name** unknown

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

**16. (a) Informant** Elizabeth Vaccaro

**(b) Address** 912 E 5th

**17. (a) Burial** **(b) Date thereof** 2/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Mt St Marys Cem

**18. (a) Signature of funeral director** Sebbeto's

**(b) Address** city

**19. (a) 2-23-48** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jackson

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

(d) Street No. 912 E Moore  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 2 day 19  
year 1948 hour 5:40 minute 9 M.

**21. I hereby certify that I attended the deceased from** before, 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 Coronary sclerosis

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93-2

Of operations \_\_\_\_\_

Of autopsy no

History & Inspection

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3

**23. Signature** Jimm Walker (M. D. or other) \_\_\_\_\_  
**Address** 1124 Mt Mary **Date signed** 2-21-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MAR 21 1950

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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 \_\_\_\_\_

Licensed Embalmer No. 2568

P. O. Address: 150 7th

**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.