FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15256

Registration District No. 367 — Primary Registration District No. 6246 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI MO R2. (CONCORD.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON
(c) City or town POTOSI (RURAL) 110
(If outside city or town limits, write "RURAL")
(d) Street No. POTOSI R2 - 8 MI SOUTH
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH S. CAMILLO
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA CAMILLO
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased JAN (Month) 23 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	4	..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MO-0 (State or foreign country)
10. Usual occupation FARMING
11. Industry or business .....
FATHER
12. Name SYLVESTER CAMILLO
13. Birthplace ITALY 5 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant ANN. CAMILLO
(b) Address POTOSI MO R2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Boyer Funeral~~ POTOSI MO
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address POTOSI MO.
19. (a) 4-29-48 (Date received local registrar) (b) Tressie Eichenberger (Registrar's signature) 238

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 27 - year 1948 hour 4 minute 0 A.M.
21. I hereby certify that I attended the deceased from April 21, 1948 to ~~April 27~~, 19—, that I last saw him alive on April 21, 1948 and that death occurred on the date and hour stated above.

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

830

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 2
23. Signature Edward Lange (M. D. or other) DO
Address Potosi, Mo. Date signed Apr 27, 1948

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

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

RECEIVED

District Health Officer No. 4

District File Number 548-583

Date Filed 5-5-48

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 Howard C Higginbotham, Registered Apprentice No. #53 — working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Totosi Mo

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

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