

Registration District No. **198**

Primary Registration District No. **5-219**

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **Brewer Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **-**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6** (Specify whether
In this community **✓** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Macon 61**
(c) City or town **Brewer Rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **-** (If rural, give location) **0**
(e) Citizen of foreign country? **-** (Yes or No)
If yes, name country **-**

3. (a) PRINT FULL NAME **FORTUNATO BRUGIONI**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **-**

4. Sex **male** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Theresa Brugioni** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **9-20-18** **5-1913**
(Month) (Day) (Year)

8. AGE: Years **34** Months **8** Days **2** If less than one day **-** hr. **-** min.

9. Birthplace **Brewer Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business **-**

12. Name **George Brugioni**

13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

14. Maiden name **Constance Andarini**

15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bud Beech**

(b) Address **Brewer Mo**

17. (a) **Rural** (b) Date thereof **5-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles Cem.**

18. (a) Signature of funeral director **W. Edwards**

(b) Address **Brewer Mo**

19. (a) **5-29-48** (b) **Josephine King**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **20**
year **1948** hour **1** minute **30 P** M.

21. I hereby certify that I attended the deceased from **3-19-48**, 19... to **5-20-48**, 19...
that I last saw him alive on **5-20-48**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary tuberculosis**
Duration **Several years**

Due to **-**
Due to **-**

Other conditions (Include pregnancy within 3 months of death) **-**

Major findings: Of operations **13 B**
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? **-**

While at work? (Specify type of place) (b) Means of injury **2 DO**

23. Signature **A. L. Surden** (M. D. or other) **2 DO**
Address **Macon, Missouri** Date signed **5/25/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 648-980

Filed JUN 2 - 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

W. Edwards

Licensed Embalmer No. 1961

P. O. Address Deerier, 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.