

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35479  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson City Primary Registration District No. 3014  
(c) City Jefferson City (d) Street No. 281 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

230 Adam Ricchetti  
(a) Residence, No. Missouri State Prison St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1909  
7. AGE YEARS 29 MONTHS 2 DAYS 2 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Strom  
(STATE OR COUNTRY) Texas

FATHER 13. NAME Bartlo Ricchetti  
14. BIRTHPLACE (CITY OR TOWN) Italy  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Zamboni  
16. BIRTHPLACE (CITY OR TOWN) Italy  
(STATE OR COUNTRY)

17. INFORMANT Joe Ricchetti  
(ADDRESS) Bolivar, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolivar DATE Oct. 7, 1938

19. FUNERAL DIRECTOR White and Erwin  
(ADDRESS) Bolivar, Mo

20. FILED 10/7/38 Subs. of M. D. 111  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1938 to October 7, 1938  
I last saw him alive on October 7, 1938 Death is said to have occurred on the date stated above, at 12.01m A.M.  
The principal cause of death and related causes of importance were as follows:

Hydrocyanic acid gas  
Poisoning (legal) execution

Date of onset  
10-7-  
38

Other contributory causes of importance: 195

Name of operation Date of.....  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury....., 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) [Signature], M. D.  
(Address) Jeff. City, Mo

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**