

FILED DEC 16 1942  
Registration District No. 184

Primary Registration District No. 2nd

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

96  
0  
0

1. PLACE OF DEATH

(a) County Jennings  
(b) City or town Rural -- Jennings Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Elms Home Jennings Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennings  
(c) City or town Rural Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8918 Huskard  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Italy

3. (a) PRINT FULL NAME Jerome Castoriovanni

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2

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

7. Birth date of deceased September 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Nofrio Castoriovanni

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

14. Maiden name Mary Tamburello

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

16. (a) Informant Mary Abacchi

(b) Address 1727 Clifflingwell

17. (a) Burial (b) Date thereof Decs. 15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. Muel & Son

(b) Address 1150 W. Kingshighway av. Blvd

19. (a) DEC 14 1942 (b) E. D. Urban  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 12/5/42  
to 12/11, 1942  
that I last saw him alive on 12/10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation

Due to cardiac insufficiency

Due to Hypertensive heart disease

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —  
Of autopsy —

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 E. D. Urban (M. D. or other) \_\_\_\_\_

Address 1117 N. UNION Date signed 12/13/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

268  
16-42

709

DEC 17 1980

**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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.**