

FILED APR 8 1943
Registration District No. 276

Primary Registration District No. 5947

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James 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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town St James Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Codemo

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

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Codemo 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 11 (Month) 6 (Day) 1889 (Year)

8. AGE: Years 53 Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Neomede Codemo
13. Birthplace _____ (City, town, or county) Italy (State or foreign country)
14. Maiden name Angela Ceccone
15. Birthplace _____ (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mary Codemo

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W. L. Lullier

(b) Address St James Mo

19. (a) 3-26-1943 (Date received local registrar) (b) Charles Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1943 hour 11:10 minute 0 M.

21. I hereby certify that I attended the deceased from March 9, 1943, to March 15, 1943 that I last saw him alive on March 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension Duration about 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature C. W. Hammler (M. D. _____) Address St James Date signed III, 20/43

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

81
0

81
5
3

1091

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. L. Lickel
Licensed Embalmer No. 1970
P. O. Address St James 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.