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17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21496

State File No. ....

FILED JUL 6 1944

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH: *Franklin*

(a) County.....  
 (b) City or town.....  
 (c) Name of hospital or institution: *Home*  
 (If not in hospital or institution, write street number or location) *1*  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... *36*  
 (c) City or town.....  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.....  
 (If rural, give location)  
 (e) Citizen of foreign country?..... *0* (Yes or No)  
 If yes, name country.....

3. (a) PRINT-FULL NAME: *PAUL S. REBURA*

3. (b) If veteran, name war: *no*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June*, day *21*, year *1944* hour *12 noon* minute..... M.

21. I hereby certify that I attended the deceased from *Apr.* 19*44* to *June* 19*44* and that death occurred on the date and hour stated above.

4. Sex: *Male* 5. Color or race: *white*

6. (a) Single, widowed, married, divorced, *married*

6. (b) Name of husband or wife: *Paul Rebura*

6. (c) Age of husband or wife if alive: *49* years

7. Birth date of deceased: *Aug 18, 1879*

Immediate cause of death: *Myocarditis*

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

*65* *10* *3* hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) *1*

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: *9321*

Of autopsy.....

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name: *Joseph F. Rebura*

13. Birthplace: *Serra Italy*

14. Maiden name: *Julia A. Cordanti*

15. Birthplace: *Lansani*

16. (a) Informant: *John B. Rebura*

(b) Address.....

17. (a) *Burial* (b) Date thereof: *6-23-44*

(c) Place: burial or cremation: *Argo Cemetery*

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

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.....

23. Signature: *R. P. Ryan* (M. D. or other) *0*

Address: *Franklin* Date signed.....

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

DEC 30 1957

NOV 9 1956

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert M Murray*

Licensed Embalmer No. 3749

P. O. Address Quincy, Ill

**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.**

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan  
(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 at home  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Sullivan R.F.D.  
(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 Paul L. Rebusa

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 18 1879  
(Month) (Day) (Year)

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 10 Days 30 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Joseph J. Rebusa

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

14. Maiden name Nettie R. Corbano

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

16. (a) Informant John B. Petron

(b) Address Sullivan Mo

17. (a) (Burial, cremation, or inhumation) \_\_\_\_\_ (b) Date thereof 6-23-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Aug's Cemetery

18. (a) Signature of funeral director E. J. Meyer

(b) Address Harold Mo

19. (a) Aug. 18-44 (b) Hilbert Gilhaus  
(Date registered local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. P. Byrd (M. D. or other) \_\_\_\_\_  
Address Sullivan, Mo

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

MOTHER FATHER

TEMPORARILY

21496