

FILED JUL 27 1944

Registration District No. 14

Primary Registration District No. 3035

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17th Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 17th Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from June 19 1944 to July 2 1944
that I last saw him alive on July 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Stomach Duration 18 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6b

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 [Signature] (M. D. or other) _____
Address Luxington Mo Date signed 7-6-44

3. (a) PRINT FULL NAME John Simonetti

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

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adelina 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 19 1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation restaurant

11. Industry or business retired

12. Name Bertalames Simonetti

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

14. Maiden name Antonina

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

16. (a) Informant Mrs Adelia Simonetti

(b) Address Lux Mo

17. (a) Burial (b) Date thereof 7-5-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington Mo

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

(b) Address Lux Mo

19. (a) July 6 - 1944 (b) Mrs Fred Schubar (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

3
2

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 7-26-48

JUL 27 1948

MAR 17 1952

AUG 7 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 Garret J. Murphy

Licensed Embalmer No. 3275

P.O. Address Lexington, Va.

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.