

Registration District No. 7

Primary Registration District No. 4020

Registrar's No.

4
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Martinsburg Mo
(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 _____
In this community 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Fotta

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

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

6. (b) Name of husband or wife Miriam Fotta 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Frank Fotta (City, town, or county) (State or foreign country)

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

14. Maiden name Mary (City, town, or county) (State or foreign country)

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

16. (a) Informant Albert Fotta

(b) Address Willeville, Mo.

17. (a) Burial (b) Date thereof 3/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg Mo

18. (a) Signature of funeral director W.B. Wells

(b) Address Willeville Mo

19. (a) 3/3/45 (b) Mary C. Jacob
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Martinsburg Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1945 hour 1:42 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Injury from train striking auto

By accident caused by crash of automobile and Walsh

Due to on March 1 1945 about 1:42 P.M. in city of Martinsburg Mo

Other conditions July 4 Coroner

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3/1/45

(c) Where did injury occur? Martinsburg Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? No (Specify type of place) (e) Means of injury Violence

23. Signature S. C. Cedar (M. D. or other)

Address Martinsburg Mo 3 Date signed 3/1/45

RECEIVED

District Health Officer No. 16

District File Number 4-45-709

Date Filed APR 13 1945

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 Self

, Registered Apprentice No. _____

working under my personal supervision.

Signed J.B. Kellew

Licensed Embalmer No. 1588

P. O. Address Kellewille, 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, above space should be left blank: