

FILED NOV 25 1946

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 527 Gladstone
(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) 59 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Keokuk
(If outside city or town limits, write "RURAL")
(d) Street No. 527 Gladstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MICHAEL ONOFRIO

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-10-3911

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 19 1879
(Month) (Day) (Year)

8. AGE: 67 Years 4 Months 19 Days If less than one day
hr. min.

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

10. Usual occupation Treasurer - Am Beauty Mfg Co

11. Industry or business Macaroni Mfg

12. Name Nicolo Onofrio

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

14. Maiden name Micalingela Calles

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

16. (a) Informant N. M. Onofrio

(b) Address Lincoln Neb

17. (a) Burial (b) Date thereof 11/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director Sebbitio's

(b) Address City

19. (a) 11-11-46 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 1945 to Nov. 8 1946;
that I last saw him alive on Oct 24 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Aneurysm Duration Minutes

Due to Coronary Artery Disease

Due to Myocardial Infarct 4 hrs

Due to Hypertension & Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

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 (i)

Signature Thos. B. ... (M. D. or other) MD

Address 914 Prybel Lane City Mo Date signed 11-10-46

Leit
922
Da 7 E

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 Ray E. Linn
Licensed Embalmer No. 2560
P. O. Address KE 7M

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.