

S. No. 2
DM-2-43
v. 5-17-39
X39697

FILED MAR 3 1947
Registration District No. **179**

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:
703 E 5th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 yrs. (Specify whether years, months or days)

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. 703 E 5th
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CALOGERO RIZZO

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1947 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 19 1947 to Feb 20 1947 that I last saw him alive on Feb 20 1947 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race Wh 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Feb 8 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Hypertension & arteriosclerosis

Due to _____

8. AGE: Years 73 Months 0 Days 12 If less than one day hr. _____ min. _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations 830

Of autopsy _____

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

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

10. Usual occupation Retired

11. Industry or business Labourer

12. Name Francisco Rizzo

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

14. Maiden name Anastasia Licari

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

16. (a) Informant Henry Rizzo
(b) Address 703 E 5th

17. (a) Burial (b) Date thereof 2/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt St Marys Cem

18. (a) Signature of funeral director Sabbalos
(b) Address City

19. (a) 2-21-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 2

Signature R. P. Huber (M. D. or other) _____
Address 407 W 34th Date signed 2-20-47

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 *Harry C. Bergman*

Licensed Embalmer No. *2041*

P. O. Address *Kan City, 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.