

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
In this community 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Ilasco
(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 Franciso Genovese

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

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

6. (b) Name of husband or wife Mary Genovese 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Jan 3 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Coal Miner

11. Industry or business West Virginia

MOTHER FATHER { 12. Name Pat Genovese

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

14. Maiden name Josephine

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

16. (a) Informant Ponto Genovese

(b) Address Ilasco, Missouri

17. (a) Burial (b) Date thereof 5/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Ray P. Schwart

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 5-29-47 (b) Dr E M Luckey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 1947 year hour 12 minute 36 a.M.

21. I hereby certify that I attended the deceased from March 1, 1947, to May 27, 1947;
that I last saw him alive on 5-27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver Duration 3 yrs.

Due to _____

Due to _____

Other conditions 1241B
(Include pregnancy within 3 months of death)

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 0

23. Signature H L Brune (M. D. or D.N.R.)

Address Holmes Bldg., Hannibal, Mo. Date signed 5-28-47

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

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 Paul Richard Brown
Licensed Embalmer No. 4324
P. O. Address Hannibal, 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.