. S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40731

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural- Ozark township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Ozark township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Louis Francis Cologna, Jr.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased June - 18 - 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	4	12	x hr. x min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Louis Francis Cologna, Sr.
13. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Zigelhofer
15. Birthplace Brighton, Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Francis Cologna, Sr.
(b) Address Marshfield, Missouri.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-3-'47
(Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Marshfield, Mo.

18. (a) Signature of funeral director Tex Tainey
(b) Address Marshfield, Missouri.

19. (a) 11-15-47 (Date received local registrar) (b) J. Francis (Registrar's signature) 247

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured Skull	
Broken neck	
Crushed Chest	
Due to Farm Tractor	
Turning Over on Body	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: 112

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

(b) Date of occurrence Oct. 30, 1947 - 8:20 A.M.

(c) Where did injury occur? Road - near farm home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road erodte to uncle's farm.
(Specify type of place)
While at work? yes (e) Means of injury tractor overturned

23. Signature K. K. Kelley Coroner (M. D. or other) 3
Address Fordland Mo Date signed 11-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1230
Date Filed 11-24-47

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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.