S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1541

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 14

49
6
2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 413 S. Ellis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 413 S. Ellis St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louise Audo
3. (b) If veteran, name war
(c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 1 (Day) 1879 (Year)

8. AGE: Years 68 | Months 7 | Days 12 | If less than one day ..... hr. 5 min.

9. Birthplace Grand Noble, France
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Pete Feroglia
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~XXXXXXX~~ Tressa Musso
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allen Salomon
(b) Address 413 S. Ellis St. Webb City 5/6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Memorial Jan 16, 1948
18. (a) Signature of funeral director JOHNSTON-ARNCE-SIMPSON MORTUARY
(b) Address 26 S. Roane St. Webb City
19. (a) JAN 16, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1948 hour 9.25 minute 25 A.M.

21. I hereby certify that I attended the deceased from November 29, 1947 to January 8, 1948
that I last saw her alive on January 8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	2 weeks
Due to Generalized Carcinomatosis apparently arising from right Ovary - prior to 11-29-47	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 49 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address Joplin, Mo. Date signed 1-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-1-32

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 myself.

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.