FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22276

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 753

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: 2 Months (Specify whether years, months or days)

In this community: 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1615 So. 10th. St.
(If rural, give location)

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

If yes, name country: *

3. (a) PRINT FULL NAME: Rose Marie Ruggeri

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Marion S.

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: October (Month) 6 (Day) 1900 (Year)

8. AGE: Years 47 | Months 9 | Days 2 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Paul F. Punzo

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

14. Maiden name: Clara Marie Rizzo

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

16. (a) Informant: Mr. Marion S. Ruggeri

(b) Address: 1615 So. 10th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 12, 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman W. Lederhaus

(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 7-16-48 (Date received local registrar) (b) E. C. Robins (Registrar's signature) 382

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour 4 minute 28 P. M.

21. I hereby certify that I attended the deceased from May 13, 1948, to July 8, 1948, that I last saw her alive on July 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung Primary.	2
Due to:	
Due to:	
Other conditions: Diab. Mel. (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations: None
Of autopsy: 55B

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:

23. Signature: Geo. Thorne (M. D. or other)

Address: Geo. Thorne Date signed: 7/9/48

St. Joseph, Mo.

Jefferson City Printing Co.

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.....Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address.....St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.