

No. 2
1/47
17-39

FILED NOV 4 1948

Registration District No.

Primary Registration District No. 3000

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Novinger
(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 Julia Elizabeth Vacca

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1948 hour 1:30 minute PM

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Vacca

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

7. Birth date of deceased: Aug. 31 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 8, 1948, to October 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lung embolus

Duration

8. AGE: Years 73 Months 1 Days 21
If less than one day hr. min.

Due to Phlebitis

Due to Varicose Veins

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Ferrero U.K.

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

14. Maiden name Madelina Gusio

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

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Hester Baiotto

(b) Address Novinger, Missouri

17. (a) Burial (b) Date thereof 10/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger, Mo.

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 10-25-48 (b) Kate Lambert
(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?..... (Specify type of place)

While at work?..... Means of injury.....

23. Signature George E. Gram (M. D. or other) MD

Address Kirksville, Mo. Date signed 10/23/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1867

Date Filed NOV 3 - 1940

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 Roy H. Mercer, Jr.
Licensed Embalmer No. 4432
P. O. Address Kirkville, 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.