

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 46037

1 PLACE OF DEATH

County Jackson
Township Kear
or
Village
or
City Kansas City Mo

Registration District No. 508 File No.
Primary Registration District No. Registered No.
City NO. 3709 Garfield St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carl F Lonio Lanio

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OF DIVORCED married
(Write the word) single

6 DATE OF BIRTH June 22-1891
(Month) (Day) (Year)

7 AGE 27 yrs. 8 mos. 16 ds.
If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Care maker
(b) General nature of industry business, or establishment in which employed (or employer) Progress Island Works

9 BIRTHPLACE (City or town, State or foreign country) K. C. Mo

10 NAME OF FATHER Louis Lonio

11 BIRTHPLACE OF FATHER Germany

12 MARRIAGE NAME OF MOTHER Minnie Moos

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis Lonio
(Address) 3709 Garfield

15 Filed 12/8 1918 8 Ada Thomas
Registrar John H Wagner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 7-1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec. 3rd, 1918, to Dec. 7, 1918, that I last saw him alive on Dec. 7-, 1918, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia Broncho
Influenza

(Duration)..... yrs. mos. 9 ds.
CONTRIBUTORY (Secondary) Influenza
(Duration)..... yrs. mos. 5 ds.

(Signed) [Signature] M. D.
Dec 7, 1918 (Address) 3265 Oak St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 1 yrs. mos. ds. In the 7 yrs. mos. ds. State Mo
Where was disease contracted if not at place of death? K. C. Mo
Former or usual residence —

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Dec 10-1918

20 UNDERTAKER John H Wagner ADDRESS 1409 Germaine

PARENTS collected by [Signature]

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MAY 16 1915

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STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri, }
County of Jackson. } ss.

State File No. 46037
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of May, 1945, before me appears Louis Lanio, who, upon his oath, states that the original record of ^{birth-}death

for Carl F. Lanio died December 7th, 1918, in the State of Missouri, and which was filed at Kansas City, Mo. on 12-8-, 1918, should be corrected as follows:

Item No. 2 should read Carl F. Lanio

Instead of Carl F. Lanio

Item No. 5 should read married

Instead of single

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) X Affiant Louis Lanio (Father) Relationship.

3705 Garfield Avenue,
Kansas City 3, Missouri.
Present Address.

Subscribed and sworn to before me this 7th day of May, 1945.

My Commission expires March 2, 1949. Evan N. Hammeth Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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