WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27278

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4130 Wayne Ave St. Ward)
Registration District No. 399
Primary Registration District No. 1 [illegible]
File No.
Registered No. 3353

2. FULL NAME Sebastian Taranto
(a) Residence. No. 4130 Wayne Ave St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Petretia~~ Petrina Taranto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6th 1873

7. AGE Years ~~54~~ 55 Months 0 Days 0 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

PARENTS
10. NAME OF FATHER Paul L. Taranto
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Ida ~~Gerbasi~~ Gervasi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Louis Taranto
(Address) 4130 Wayne Ave

15. FILED 8/8, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 (Primary)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10100
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Hen Carbaugh, M. D.
8/7, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery
DATE OF BURIAL 8/8 1928

20. UNDERTAKER The Taylor Funeral Home
ADDRESS

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No. 2 1278
Local Registrar's No. 3353-28

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of May, 1948, before me appears Mrs Fred J. Bendey, who, upon her oath, states that the original record of ~~birth~~ death for Sebastian Taranto, died ~~born~~ 8-6, 1928, in the State of Missouri, and which was filed at K. C. Mo on 8-8, 1928, should be corrected as follows:

Item No. 5 should read Petrina Taranto
Instead of Petretia Taranto

Item No. 12 should read Ida Gervasi
Instead of Ida Gerbasi

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)

Affiant Mrs Fred J. Bendey daughter
Relationship.

4130 Wayne ave
Present Address.

Subscribed and sworn to before me this 12th day of May, 1948.

My Commission expires Oct. 21. 1951

Carrie M. Ruppelius Notary Public.

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

Form V. S. 135
50M—4-43
I X36667

S-27278