

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24248
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ross Primary Registration District No. 1002 Registered No. 2753
 (c) City Kansas City, Mo. (d) Street No. Memorial Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NICK BONO

(a) Residence, No. 5742 Holmes St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Italian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Bono</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1894</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>11</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Frank Bono</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Mary Costa</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT <u>C. S. Leitch</u> (ADDRESS) <u>Rt. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>7/9</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Peter B. Lapetina</u> (ADDRESS) <u>538 Campbell St.</u>		
20. FILED <u>7-9</u> 19 <u>38</u> <u>M. M. Crowe, ass't</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6/38 1938

22. I HEREBY CERTIFY, that I attended deceased from 1938 to 1938, 1938

I last saw him alive on 6:30 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:
Stab wound of the abdomen
rupture of the liver
acute fatal peritonitis
 Date of onset 165

Other contributory causes of importance:
Fracture of ribs
Open wound on back

Name of operation Autopsy Date of 7/12/38

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide homicide Date of injury 7/6/38
 Where did injury occur? 5742 Holmes Kansas
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Reflected in stab wounds

Nature of injury stab wound

24. Was disease or injury related to occupation of deceased?
 If so, specify stab
 (Signed) Leitch, M. D.
 (Address) Leitch

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.

FORM 1 X14228

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.