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

Do not use this space. 31495

1. PLACE OF DEATH
(a) County Jackson, Registration District No. 395
(b) Township Kaw, Primary Registration District No. 1002 Registered No. 3593
(c) City Kansas City, Mo. (d) Street No. Trinity Lutheran Hospital, 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 159 Victor Abansino,
(a) Residence, No. Sedalia, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1893
7. AGE: YEARS 45 MONTHS 11 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Hyatt (Friend)
(ADDRESS) 3538 Woodland, Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo. DATE 9-14 1939
19. FUNERAL DIRECTOR (NAME) Stine & McClure,
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.
20. FILED Sept 14 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 14th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, 19.., to Sept. 14, 1939
I last saw him alive on Sept 14, 1939 Death is said to have occurred on the date stated above, at 1:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	9/10/39
B1	
Other contributory causes of importance: Nephritis + hypertension (Chronic)	Jan 1938

Name of operation none Date of —
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) Otto Hofmann, M. D.
(Address) 806 Rialto Bld K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-1-12-38 I X14028

Dr. O. Hoffman.
3 [illegible] Bldg.

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. 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, above space should be left blank.