

No. 2
13-40
17-39
X23159

DECEASED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24648

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 771

1. PLACE OF DEATH:
 (a) County BUCHANAN
 (b) City or town ST. JOSEPH
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: STATE HOSPITAL No. 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 14 do.
 (Specify whether
 In this community ?
 years, months or days)

3. (a) PRINT FULL NAME Joe Curzzo 2nd
 3. (b) If veteran, name war _____
 3. (c) Social Security No None

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, separated
 6. (b) Name of husband or wife Rosie 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased Aug. 15 1873
 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 3
 If less than one day hr. _____ min. _____

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

10. Usual occupation com. laborer. 7

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Curzzo
 13. Birthplace Naples Italy
 (City, town, or county) (State or foreign country)
 14. Maiden name Rosie Staly
 15. Birthplace Naples Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant Mike Curzzo
 (b) Address 523 Forest, K.C., Mo.

17. (a) Burial (b) Date thereof 7-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt St Marys Cem

18. (a) Signature of funeral director A. J. Abbott

(b) Address 901 E. 5th, K.C. Mo.

19. (a) 7/19/40 (b) A. J. Abbott
 (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town K.C.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 523 Forest
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1940 hour 7 minute 20 A.M.
 21. I hereby certify that I attended the deceased from June 4/40
June 4, 1940 to July 18 1940
 that I last saw him alive on July 18 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage
 Duration under

Due to sclerosis (arteriosclerosis.) ?
 Due to _____

Other conditions 97
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
85 (Specify type of place)

While at work? _____ Means of injury _____

23. Signature T. D. Bell (M. D. or other) 1
 Address St. Joseph Date signed 7/15/40

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

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 E Snow

Licensed Embalmer No.

2560

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, fact should be so stated above.