

FILED SEP 5 1940
Registration District No. **1899**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 19 days**
(Specify whether
In this community **30 years**
years, months or days)

3. (a) PRINT FULL NAME **ANTONIO AIELLO** **450**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wife Clara Aiello** 6. (c) Age of husband or wife If alive **65** years

7. Birth date of deceased **Oct. 2 1870**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 69 | 10 | 10 | hr. min. |

9. Birthplace **Italy** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER
12. Name **Fredinado Aiello**
13. Birthplace **Italy** **7**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Italy** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Aiello**
(b) Address **331 N. Brighton**

17. (a) **Burial** (b) Date thereof **8/11/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys cemetery**

18. (a) Signature of funeral director **A. Sebille**
(b) Address **901 E 5th St. K.C. Mo.**

19. (a) **Aug. 13, 1940** (b) **M. M. Croive**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **331 N. Brighton**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13th**
year **1940** hour **7** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **8-24-40**, 19____, to **8-12-40**, 19____.

that I last saw him alive on **8-12-40**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Unresolved pneumonia with abscess and pulmonary edema**

Duration

Due to **10%**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **See above**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Dwight R. Showers** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hosp., K.C. Mo.** Date signed _____

Faint, mostly illegible text at the top of the page, possibly containing a date and other identifying information.

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 Ray E Snow
Licensed Embalmer No. 2560
P. O. Address 1807 E 29th

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.