DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34323

FILED NOV 1 2 1940

Registration District No. 1002

Primary Registration District No.

Registrar's No. 3839

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 15 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City - Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 1321 Park (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Baby (Boy) Gilio (Gilio)

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept - 19 - 1940 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
no	no	15	✓ hr. ✓ min.

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

10. Usual occupation None ✓

11. Industry or business ✓

FATHER
12. Name Charles Gilio
13. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Joslin
15. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Gilio

(b) Address 1321 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cem

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) 10-4-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 3, 1940 to Oct 3, 1940 that I last saw him alive on Oct 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral confluent bronchopneumonia	
Due to Primary	
Due to 119B	
Other conditions Toxic gastroenteritis (Include pregnancy within 3 months of death) Dehydration	

Major findings:
Of operations
Of autopsy Same

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature W B Soderberg (M. D. ~~or other~~)

Address 1316 Prof Bldg Date signed Oct 3-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 8-17-39 1 X10511

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.