S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34395

Registration District No. 399 — NOV 12 1940

Primary Registration District No. 1002

Registrar's No. 3911

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: F. Joseph 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

0 (d) Street No. 535 Campbell (If rural, give location)

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

3. (a) PRINT FULL NAME Eugene Michael Conforti

Eugene Michael Conforti

Eugene Michael Comforti

3. (b) If veteran, name war No

3. (c) Social Security No. Single

4. Sex M

5. Color or race Italian

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Sept. 22 (Month) (Day) 1939 (Year)

8. AGE: Years 1 | Months — | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Infant 1

11. Industry or business 1

FATHER
12. Name Anthony Conforti
13. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Dorothy Miller
15. Birthplace Kans. City (City, town, or county) Kans (State or foreign country)

16. (a) Informant Anthony Conforti

(b) Address 535 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 11 (Day) 40 (Year)

(c) Place: burial ~~or cremation~~ St. Mary's

18. (a) Signature of funeral director Peter B. Lafontaine

(b) Address 538 Campbell K.C. Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9a year 1940 hour 5 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Oct 7, 1940, to Oct 9, 1940 that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis, acute.

Due to ____

Due to ____ 119 Pt

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration

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 John Auld (M. D. or ~~other~~)

Address 1124 P of Bldg Date signed 10/10/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. F. Torrey

Licensed Embalmer No. 3441

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.