No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37868

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4466

FILED DEC 11 1940

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: 911 Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 30 yrs 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")
(d) Street No. 911 Pacific
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 yrs years.

3. (a) PRINT FULL NAME ANTHONY BALLISTRERI
3. (b) If veteran, name war MO
3. (c) Social Security No. 496-07-4039

4. Sex Male
5. Color or race W
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 June 24-'02 (Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Palermo (City, town, or county) Italy (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Liquor Store
FATHER
12. Name Cataldo Balestrieri
13. Birthplace Palermo (City, town, or county) Italy (State or foreign country)
MOTHER
14. Maiden name Felice Farana
15. Birthplace Palermo (City, town, or county) Italy (State or foreign country)
16. (a) Informant Felice Balestrieri
(b) Address 911 Pacific
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem
18. (a) Signature of funeral director [illegible]
(b) Address KCMo
19. (a) 11-23-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 11-22-40
year hour minute 11 P.M.
21. I hereby certify that I attended the deceased from 11 P.M. to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Carbon monoxide poisoning
Due to 178
Other conditions 14
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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) Accident
(b) Date of occurrence 11-22-40
(c) Where did injury occur? K.C. (City or town) Mo (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
23. Signature [illegible] (M. D. or other)
Address K.C. Mo. Date signed

(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 [illegible]

Licensed Embalmer No. 3754

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.