. No. 2
-11-10-39
5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41357

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4750

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2806 East IOth St. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community I8 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2806 East IOth St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? I8 Years years.

3. (a) PRINT FULL NAME Calogera Patito

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ciro Patito

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

7. Birth date of deceased Feb. 27 (Month) I873 (Day) (Year)

8. AGE: Years 67 Months 9 Days ~~21~~ 13 If less than one day hr. min.

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

10. Usual occupation House Wife 7

11. Industry or business

FATHER
12. Name Atanasio Patito 7
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do Not Know.
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Joe Patito

(b) Address 2806 East IOth St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. I4 I940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Passantino Bro's.

(b) Address K. C. Mo.

19. (a) 12/13/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day II year I940 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from March 24th, 1935, to Dec 11, 1940, that I last saw her alive on Dec 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Myocardial Degeneration

Due to Rheumatic Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations

Of autopsy

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

23. Signature Louis Scarpellino (M. D. or other) MD

Address 822 Argyle Bldg Date signed 12-11-40

(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 Park G. Rowe.....

Licensed Embalmer No. 2347.....

P.O. Address K. C. Mo.....

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

If this body is not embalmed, above space should be left blank.