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S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41484

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4877

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:
610 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 yrs _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Baldassaro Marrone

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Albertina Marrone 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1st 1874
(Month) (Day) (Year)

8. AGE: Years 76 yrs Months 5 Days 20 If less than one day _____ hr _____ min.

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____
12. Name Joe Marrone

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

14. Maiden name Rosalina Figaglia

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

16. (a) Informant Louis Marrone
(b) Address 610 Campbell

17. (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. M. Grome
(b) Address _____
19. (a) Dec. 23, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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. 610 Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 40 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ 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 Arteriosclerotic heart disease

Due to _____ 95B²

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy See above
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 W. M. Grome (M. D. 12/23/40)
Address _____ Date signed 12/23/40

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 *Peter B. [Signature]*
Licensed Embalmer No. 3754
P. O. Address FC 110

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.