S. No. 2
—4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5768

Registration District No. 1399 — FILED MAR 14 1943

Primary Registration District No. 1002

Registrar's No. 540

48
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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: St Mary's Hospital (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 36 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 901 E 5th (If rural, give location)

(e) If foreign born, how long in U. S. A.? 36 yrs years.

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3. (a) PRINT FULL NAME Antonio Sebbeto

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Benedetta

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June (Month) 13 (Day) 1883 (Year)

8. AGE: Years 57 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Undertaker

11. Industry or business Undertaker

FATHER
12. Name Salvatore Sebbeto
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Maria Teresa Tamasula
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs Joseph Carrollo

(b) Address 618 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Sebbeto Funeral Home

(b) Address 901 E 5th

19. (a) 2/6/41 (Date received local registrar) (b) M M Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 year 41 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 1933, 19, to Feb. 3 1941, 19; that I last saw him alive on Feb. 3. 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerular nephritis with uremia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

131

131 b

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 O S Seth (M. D. or other) 2/6/41

Address Kelvin 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 Roy E Brown

Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

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, fact should be so stated above.