No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 279

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9652
Registrar's No. 1061

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: 336 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 336 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 years.

3. (a) PRINT FULL NAME JOHN RUSSO

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 widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sep (Month) 15 (Day) 1877 (Year)

8. AGE: Years 63 Months -- Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Tony Russo
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Sam Russo
(b) Address 336 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's Cem

18. (a) Signature of funeral director SEBBETO J. Carrolla
(b) Address 901 E 5th

19. (a) 3/14/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1941 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from March 12, 1941, to March 13, 1941; that I last saw him alive on March 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 1 month

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Kenneth C. Davis M.D. (M. D. or other)
Address 3301 Woodland Date signed 3-14-41
Kansas City Mo

(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 Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 290

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.