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P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13553

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1534

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: 614½ Indep. Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 30 Years

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. 614½ Indep. Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 Years 0 years.

3. (a) PRINT FULL NAME Francisco Mondrone

3. (b) If veteran, name war ____

3. (c) Social Security No. 496-01-0818

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Do not Know

6. (b) Name of husband or wife Do not Know

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

7. Birth date of deceased 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months ____ Days ____ If less than one day ____ hr. ____ min.

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

10. Usual occupation Labor

11. Industry or business ____

MOTHER FATHER

12. Name Do not Know

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

14. Maiden name Do not Know

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

16. (a) Informant Coroners Office

(b) Address K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery K.C. Mo

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

(b) Address K. C. Mo.

19. (a) Apr 12 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1941 hour 7 minute 15 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 ____ Duration

Death by hanging

Due to ____

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

Major findings: Of operations ____

Of autopsy Inspection

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) Suicide

(b) Date of occurrence 4-12-41

(c) Where did injury occur? K.C. Mo (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 [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. Park. T. 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.