S. No. 2
M—1-4-41
r. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17099

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1761

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:
416 Indiana
(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 29 yrs

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. 416 Indiana
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME GERLANDO BRUNO
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 Josephine
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Italy (State or foreign country)
10. Usual occupation railroad
11. Industry or business labor
FATHER
12. Name Gerlando Bruno
13. Birthplace (City, town, or county) Italy (State or foreign country)
MOTHER
14. Maiden name Felescia LaMachia
15. Birthplace (City, town, or county) Italy (State or foreign country)
16. (a) Informant Sebastian Bruno
(b) Address ~~##~~ 411 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's Cem
18. (a) Signature of funeral director "Sebieto's" T. Carrella
(b) Address 901 E 5th
19. (a) May 8 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 3rd day
year 1941 hour 10 P.M. minute M.
21. I hereby certify that I attended the deceased from April 25 (A.M.) 1941, to May 3 (A.M.) 1941 that I last saw him alive on May 3 (A.M.) 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronaria throm	4/25
Due to Hypostatic Pneumonia N.M.P.	4/25
Due to Arterial Hypertension	
Other conditions Inguinal hernia (both sides) (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 Anthony Saladino (M. D. or other)
Address 721 Rialto Bldg Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

Pasadena, Texas

AUG 8 1955

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 Ray E Lowe

Licensed Embalmer No. 2560

P. O. Address 1807 E 29th

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

If this body is not embalmed, fact should be so stated above.