V. S. No. 2
DM—1-4-41
Rev. 5-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20768

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2298

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: O Lakeside Hospital (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 yers years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 336 Olived O (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Anthony Picone

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex O Male

5. Color or race White

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

6. (b) Name of husband or wife Vencenza Picone

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June (Month) 22 (Day) 1867 (Year)

8. AGE: Years 73 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Italy (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business none

FATHER
12. Name John Picone
13. Birthplace Italy (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace Italy (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Picone

(b) Address 336 Olive St

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

(c) Place: burial or cremation Mt St Marys

18. (a) Signature of funeral director Passantino Bros

(b) Address K C Mo

19. (a) 6/16/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-11, 1941, to 6 14, 1941 that I last saw him alive on 6-14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration 48 hrs.

Due to Acute Gangrenous Appendicitis

Due to Abdominal Peritonitis — 72 to 84 hrs.

Other conditions (Include pregnancy within 3 months of death) 121 ~~121~~

Major findings: Of operations General Peritonitis

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 L J Graham (M. D. or other) DO

Address 811 Chambers Bldg Date signed 6-16-41

(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 Paul Rowe

Licensed Embalmer No. 2347

P. O. Address KCMO

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, fact should be so stated above.