

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27543**  
**3201**  
Registrar's No. \_\_\_\_\_

Registration District No. **399**

Primary Registration District No. **1002**

938

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

**1. PLACE OF DEATH:**

(a) County **Jackson**

(b) City or town **Kansas**

(c) Name of hospital or institution: **St Vincent Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)

In this community \_\_\_\_\_

**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. **319 Olive**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Anthony Fiorello**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Aug** day **23**  
year **1941** hour **8** minute **8** P.M.

**21. I hereby certify that I attended the deceased from**  
**8/23**, 19**41**, to **8/27**, 19**41**  
that I last saw him alive on **8/27**, 19**41**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 23 1941**  
(Month) (Day) (Year)

Immediate cause of death  
**Prematurity**  
**5 1/2 month fetus**

Due to \_\_\_\_\_

Due to **159**

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. **10** min.

**9. Birthplace** **Aug 23 1941 K.C. Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **None**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** **Ross Fiorello**

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

**14. Maiden name** **Connie Serna**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Ross Fiorello**

(b) Address **319 Olive**

**17. (a) Burial** (b) Date thereof **Aug. 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt St Mary**

**18. (a) Signature of funeral director** **Passantini Bros**

(b) Address **12 C Mo**

**19. (a)** **8/24/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** **Charles White** M.D. or other \_\_\_\_\_  
Address **1107 Bayview Bldg** Date signed **8/24/41**

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**