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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2851

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 239

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

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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City Missouri~~ Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vale Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two Weeks (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3324 East 20th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 Years 1 years.

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3. (a) PRINT FULL NAME Mrs Louise MALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr Louis Mall

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

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

8. AGE:	Years	Months	Days	If less than one day
About	88			hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Antony Basso
13. Birthplace Venice (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Ursula Sangitta
15. Birthplace Venice (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mr J. D. Moley
(b) Address Independence Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) Sept 10 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941, to Aug. 26, 1941; that I last saw her alive on Aug. 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration - Arteriosclerosis. Senility.

Due to Bronchial pneumonia Pulmonary edema.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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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 Paul F. Hunt (M.D. or other) M.D.
Address 424 Prez. Bldg. Date signed 8-27-41

260 (Licensed Embalmer's Statement on Reverse Side)

~~Lillie Hommes~~
~~# 4433~~

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 J H Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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.