

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30683**
Registrar's No. **3440**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3316 1/2 East 26 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 year
years, months or days)

3. (a) PRINT FULL NAME SAM TERRITO
(b) If veteran, name war none
(c) Social Security No. none

4. Sex Male 5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Dora Bare 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb 13 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business unknown

12. Name Loney Territo

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

14. Maiden name unknown

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

16. (a) Informant Dora Territo (wife)

(b) Address 3316 1/2 E 26

17. (a) Burial (b) Date thereof Sept 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springton Cemetery (Mo)

18. (a) Signature of funeral director Arthur

(b) Address 9/15/41

19. (a) 9/15/41 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

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. 3316 1/2 East 26 rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 9-12-41
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____

that I last saw him alive on _____ 19____
and that he died on the date and hour stated above.

Immediate cause of death _____

Hypertrophy of the heart

with aortic valvulitis

Coronary artery occlusion

Other conditions _____
(Include pregnancy within 3 months of death) None

Major findings: _____

Of operations _____

Of autopsy 308

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)

23. Signature M. H. Crow (M. D. or other) _____

Address K. C. Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. *4078*

P. O. Address *Fair City, Fair*

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.