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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30705

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3462

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

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: VINEYARD PARK HOSP (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 1 WEEK

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 412 Charlotte 8 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 32 years.

3. (a) PRINT FULL NAME: PHILLIP BONOCORSO
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARIA BONOCORSO
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Dec. (Month) 13TH (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	9	2	____ hr. ____ min.

9. Birthplace: TERMINI (City, town, or county) ITALY (State or foreign country)
10. Usual occupation: HUCKSTER
11. Industry or business: FRUIT & PRODUCE
FATHER
12. Name: JOHN BONOCORSO
13. Birthplace: ITALY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: ANGELINA BONOCORSO
15. Birthplace: ITALY (City, town, or county) (State or foreign country)
16. (a) Informant: MARIE BONOCORSO
(b) Address: 412 CHARLOTTE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: SEPT. 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. ST. MARYS
18. (a) Signature of funeral director: [illegible]
(b) Address: [illegible]
19. (a) Sept 17-1941 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 15 year: 1941 hour: 7 minute: 30 A. M.
21. I hereby certify that I attended the deceased from Sept 5, 1941, to Sept 15, 1941; that I last saw him alive on Sept 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Jaundice Pancreitis	5 days
Due to: Gastro Hemorrhage Pancreatitis	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operation: Exploratory Laparotomy
Of autopsy: None

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: Leslie Cohen (M. D.)
Address: 623 Gardner Date signed: 9-15-41
KC Mo

(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.....

Licensed Embalmer No. 3754

P. O. Address K C

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

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