No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5324

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 537

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

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: 6 days 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 19 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas 8 (If outside city or town limits, write "RURAL")
(d) Street No. 612 Charlotte (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tony FARRARA JR.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M C
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 2 (Day) 1923 (Year)

8. AGE: Years	Months	Days	If less than one day
19	1	3	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Tony Farrara
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)
MOTHER
14. Maiden name Lena Palaci
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Tony Farrara
(b) Address 612 Charlotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director SEBBETA'S T. Carrallo
(b) Address 901 S 5th
19. (a) 2-7-42 (Date received local registrar) (b) M. N. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan~~ day Feb. 5th year 1942 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 29 - 1942 to Feb. 5th 1942 that I last saw him alive on 2-5-42 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (also hypostatic congestion)
Due to Myocardial failure. Chronic
Due to
Other conditions 93E (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.

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 Max Friedman (M. D. or other)
Address Prof Bldg. Date signed 2-6-42

(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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address K C Mo

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

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