V. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12285

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Rural - Washington Tp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 5 months (Specify whether years, months or days)
In this community: Same

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.: 540 Campbell St. 8 (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? Ok years.

3. (a) PRINT FULL NAME: Josephine Mannino
3. (b) If veteran, name war: 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: Steve Mannino 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: January (Month) (Day) 1853 (Year)
8. AGE: Years 89 Months 2 Days Ok If less than one day hr. min.
9. Birthplace: Tometa (City, town, or county) Italy (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Tob Gabyne
FATHER 13. Birthplace: Tometa (City, town, or county) Italy (State or foreign country)
MOTHER 14. Maiden name: Lucia Carabelle
MOTHER 15. Birthplace: Tometa (City, town, or county) Italy (State or foreign country)
16. (a) Informant: Hosp Rest
(b) Address: St Hosp #3 Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cemetery KC Mo
18. (a) Signature of funeral director: Zerbe Funeral Home
(b) Address: Nevada, Mo
19. (a) 3-10-42 (Date received local registrar) (b) Gentry Stringrose by Vivian R. Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1938, to March 10, 1942 that I last saw h. alive on March 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr degenerative myocarditis	
Due to: Generalized arteriosclerosis	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 93d	

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: Wm. J. Cremer (M. D. or other)
Address: Nevada Date signed 3/10/42

Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-42-434
Date Filed 4-14-42

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 Lloyd Wincroft

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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, above space should be left blank.