

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16863

State File No.

FILED JUN 6 1949

Primary Registration District No. 1002

Registrar's No. 2037

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 3 Weeks 1 Day
(Specify whether
In this community 53 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Nicholas J. Basile

3. (b) If veteran, name war. No 3. (c) Social Security No. 486-09-0942

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Pearl V. Basile 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased October 15 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 9 If less than one day
hr. min.

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

10. Usual occupation Retired
11. Industry or business Wholesale Beverage Business, Jefferson City

12. Name Frank Basile
13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name Marie Pittarelli
15. Birthplace Naples Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl V. Basile
(b) Address 5615 Rockhill Rd

17. (a) Burial (b) Date thereof May 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director O. Newman's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-26-42 (b) M. M. Crowe
(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. 5615 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1942 hour 3 minute 20 P. M.

21. I certify that I attended the deceased from 4/30 to 5/24/42
that I last saw him alive on 5/24/42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to as above
Due to 46 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: no op
Of operations
Of autopsy no autopsy

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) (Specify type of injury)
23. Signature [Signature] (M. D. or other)
Address 1003 Park Plaza, Kansas Date signed 5/25/42

1003 Sharp Bell
11.30.14.8

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.....

H C Newcomer Jr

Licensed Embalmer No.....

4043

P. O. Address.....

H C New

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.