

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23282

State File No.

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2665

1. PLACE OF DEATH:

(a) County. Jackson  
(b) City or town. Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1620 Bellevue Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None  
(Specify whether years, months or days) 50 Yrs.

3. (a) PRINT FULL NAME Mrs. Lucille BASSO.

3. (b) If veteran, name war. None  
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. Noah Basso.  
6. (c) Age of husband or wife if alive. -- years  
7. Birth date of deceased. June 30 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 12  
If less than one day hr. min.

9. Birthplace Venice Italy.5  
(City, town, or county) (State or foreign country)

10. Usual occupation. House Wife.

11. Industry or business.

12. Name. Anthony Ottavian  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Angeline Matroni

(b) Address. 1620 Bellevue

17. (a) Burial (b) Date thereof 7/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. Melody-McGilley.

(b) Address. K. C. Mo.

19. (a) 2-13-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town. Kansas City Mo. 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1620 Bellevue Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1942 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 29 to July 12 at 1942  
that I last saw him alive on July 12 at 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Cirrhosis

Due to ① Essential Hypertension  
Cause of ② Coronary  
Due to ③ Diabetes Mellitus.

Other conditions. 50  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of 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) (e) Means of injury  
23. Signature. Prof. Fredman  
Address. Prof. Fredman  
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.....

P. O. Address.....

**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.**