

S. No. 2
M-5-42
V. 5-17-39
P. 1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39939

State File No.

Registrar's No. 4779

FILED DEC 31 1942
Registered District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Wesley Hospital
(a) County: Jackson County
(b) City or town: Kansas City, Mo.
(c) Name of hospital or institution: Wesley Hospital
(d) Length of stay: In hospital or institution: 3 weeks
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Mo.
(d) Street No. 533 Harrison
(e) Citizen of foreign country? Yes - Italy

3. (a) PRINT FULL NAME: Arcangelo Santora
3. (b) If veteran, name war: 3. (c) Social Security No.: None

4. Sex: M 5. Color or Race: W 6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Congetta 6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: April 10 1863

8. AGE: Years 79 Months 8 Days 10 If less than one day hr. min.

9. Birthplace: Italy 5 (State or foreign country)

10. Usual occupation: retired

11. Industry or business:

MOTHER FATHER { 12. Name: Leonardo Santoro
13. Birthplace: Italy 5
14. Maiden name: Maria Santoro
15. Birthplace: Italy 5

16. (a) Informant: Mrs Congetta Santoro
(b) Address: 533 Harrison

17. (a) Burial (b) Date thereof: 12-23-42
(c) Place: burial or cremation: Mount St. Mary's

18. (a) Signature of funeral director: Alberto J. Correlli
(b) Address: 901 E. 5th

19. (a) 12-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-20-42 day Sunday
year hour 4:00 P.M. minute M.
21. I hereby certify that I attended the deceased from 11-26-42
to 12-20-42
that I last saw h. im. alive on 12-20-42
and that death occurred on the date and hour stated above.
Immediate cause of death: Lobar Pneumonia with enlarged prostate.

Due to 108
Due to
Other conditions:
(Include pregnancy within 3 months of death)

Major findings: Of operations: None
Of autopsy: None
PHYSICIAN: Underline the cause to which death should be charged anatomically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(b) Date of occurrence:
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: D. M. Newo (M. D. or other)
Address: 525 Argyle Bldg. Date signed: 12-21-42

381

(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 _____

R E M

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.