S. No. 2
M—9-4-41
5-17-39 FIL
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1199

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 299

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3 8

(c) City or town Kansas (If outside city or town limits, write "RURAL")

(d) Street No. 3005 Perry (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Jack Lombardo

3. (b) If veteran, name war None

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 11 (Month) 1872 (Day) (Year)

8. AGE: Years 70 Months 6 Days 7 If less than one day hr. min

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frank Lombardo
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Frank Lombardo

(b) Address 3005 Perry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Passantino Bros

(b) Address K C MO

19. (a) 1-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-20-42, 19, to 1-18-, 1943 that I last saw him alive on 1-18-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease: Aortitis

Due to Undetermined cause.

Due to 92 D

Other conditions Bronchopneumonia (acute) (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 [signature] (M. D. or other)

Address 1-19-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

Ne 2844

2

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 15 C. 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, fact should be so stated above.