S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4976

FILED FEB 27 1943

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 646

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 Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3
(c) City or town Kansas 8 (If outside city or town limits, write "RURAL")
(d) Street No. 2709 Perry. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Mary Ann Arnone
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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 7 (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	1	hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Baby
11. Industry or business

FATHER
12. Name Joseph Henry Arnone
13. Birthplace Akron Ohio (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Josephine DiCapo
15. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) 1

16. (a) Informant Joseph Henry Arnone
(b) Address 2709 Perry St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's
18. (a) Signature of funeral director Pancentino Bros
(b) Address K.C. Mo
19. (a) 2-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 7 day 1943 year 12 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Feb 7 1943 to Feb 7 1943 that I last saw h. alive on Feb 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (a) Mo Hemorrhage Placenta Previa Marginalis Hemorrhage
Due to Premature Placenta
Due to
Other conditions none (Include pregnancy within 3 months of death)

Major findings: 159
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 Edward Wm O. MD. (M. D. or other)
Address 1032 Pro Date signed 2/8/43

(Licensed Embalmer's Statement on Reverse Side)

Mr E. C. White
Armore

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.