S. No. 2
M—5-42
5-17-39
P1 X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5152

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 498

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

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: Menorah Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 7 Mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 910 E 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME JOHN S. FASONE JR

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Child O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 6th (Day) 1942 (Year)

8. AGE: Years | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Kansas City Mo O (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name John Fasone Sr
13. Birthplace Kansas City Mo O (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carmale Amaro
15. Birthplace Kansas City Mo O (City, town, or county) (State or foreign country)
16. (a) Informant John Fasone Sr
(b) Address 910 E 5th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys
18. (a) Signature of funeral director [illegible]
(b) Address K C Mo
19. (a) 2-1-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 31 year 1943 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from Jan 30, 1943, to Jan 31, 1943, that I last saw h. 1M alive on Jan 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	48 hrs
Due to 107	
Due to	
Other conditions (Include pregnancy within 3 months of death) Possible Oppenheimer Degeneration of Nerves	

Major findings:
Of operations
Of autopsy None

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 Aldrey Hahn O. M.D. (M. D. or other)
Address 628 Prof Bldg Date signed 2/1/43

(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 [signature]

Licensed Embalmer No. 4773

P. O. Address KC 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.