

FILED FEB 27 1943
Registration District No. 749

Primary Registration District No. 1002

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: St. Vincent's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Weeks
(Specify whether years, months or days)

In this community 13 wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3620 Smart
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Infant Monaco

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. infant

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 2-9-43
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>12 hr. 50 min.</u>

9. Birthplace Kansas City, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Anthony D. Monaco

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

14. Maiden name Donna Salato

15. Birthplace Donsenville, Ia
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Monaco

(b) Address 3620 Smart

17. (a) Burial (b) Date thereof 21 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Delbert

(b) Address W. C. M. Co.

19. (a) 2-10-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 43 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from February 9
1943, to February 9, 1943

that I last saw him alive on February 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart anomaly, probably pulmonary atresia, with patent ductus arteriosus and foramen ovale.

Duration

Due to 157E

Other conditions None
(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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Thorpe H. Soureys (M. D. or other)

Address Cathrop Bldg. K.P. Mo. Date signed 2-10-43

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.