. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5433

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 916

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 46 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3
(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 328 Park Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Rago

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 Married
6. (b) Name of husband or wife Mr John Rago
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb. 22 (Month) 1896 (Day) (Year)

8. AGE: Years 46 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Shamerell
FATHER
12. Name Pasquale ~~Sharmerll~~
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Cristina
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Mr John Rago
(b) Address 328 Park Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys
18. (a) Signature of funeral director Passantino Bros.
(b) Address Kansas City Mo.
19. (a) 2/22/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from January 2 1942 to Feb 20 1943 that I last saw her alive on Feb 20 (8 A.M.) 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Pulmonary edema — Duration 5 days

Due to Mitral regurgitation — since 1/2-42

Due to 9 LB

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 0

23. Signature Anthony Saladino (M. D. or other)
Address 721 Rialto Bldg Date signed 2/22/43

(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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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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.