. 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 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5460

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1109

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 LUKES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days) In this community: 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48 3

(c) City or town: KANSAS CITY 8 (If outside city or town limits, write "RURAL")

(d) Street No.: 1012 E. MISSOURI AVE. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JOSEPH ANTHONY RUGGERO

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: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 2 (Month) 28 (Day) 43 (Year)

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: NONE

11. Industry or business:

MOTHER FATHER

12. Name: NICK RUGGERO

13. Birthplace: DALLAS (City, town, or county) TEXAS (State or foreign country)

14. Maiden name: JOANN MARIE TROPPITO

15. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Nick Ruggero

(b) Address: 1012 E. Mo Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 5, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem

18. (a) Signature of funeral director: [illegible]

(b) Address: K C Mo

19. (a) 3/4/43 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 3RD year: 1943 hour: 4 55 minute: P M.

21. I hereby certify that I attended the deceased from Feb. 28, 1943 to March 3, 1943 that I last saw him alive on 3-3-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity — Duration

Large patent foramen ovale

Due to: 15 F

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Large patent foramen ovale
enlarged Lt side of heart

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: Theodore H. Aschman (M. D. or other)

Address: 1518 Prof Bldg Date signed: Mar 4/43

(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address K.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.