S. No. 2
—4-13-40
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9008

State File No.

FILED MAR 25 1943

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 1354

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: 5907 Cypress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JACKSON 48 3
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 5907 Cypress
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 0 years.

3. (a) PRINT FULL NAME CAPREFOLI-ARISTEDE
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife Amelia
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 11-1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Genoa Italy
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business Laborer
FATHER
12. Name Frances Caprefoli
13. Birthplace Genoa Italy
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs David C. Sutherlin Lawn
(b) Address 4809 E 18th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill KC Mo
18. (a) Signature of funeral director Sudduth
(b) Address KC Mo
19. (a) 3-19-43 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1943 hour 1 10 minute A M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on Deputy Coroner , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
3° Burns Entire
Due to Body
Due to 180-1
Other conditions
(Include pregnancy within 3 months of death) 15
Major findings:
Of operations
Of autopsy Inspection

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) Accident 123
(b) Date of occurrence March 17, 1943
(c) Where did injury occur? Kan. City Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home Conflagration
(Specify type of place)
While at work No (e) Means of injury Fire
23. Signature O. E. Ussher M.D.
(M. D. or other)
Address 23rd Mt Cay Date signed 3/20/43

(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 Body not embalmed burned to Crisp, 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.