

**FILED JUN 7 1943**  
Registration District No. **1749**

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 Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **35 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Antonino Lodato**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **493-72-2205**

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 8 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **15** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Produce**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Tony Lodato**

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

14. Maiden name **Do not know**

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

16. (a) Informant **Sam Lodato**

(b) Address **1630 Jorboe**

17. (a) **Burial** (b) Date thereof **May 26 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys**

18. (a) Signature of funeral director **Passantino Bors**

(b) Address **Kansas City Mo.**

19. (a) **5-25-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **307 Oak**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**  
year **1943** hour **3** minute **30 a. M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coroner**  
**fractured hemorrhage of the brain**  
**central & meningeal arteries**

Due to **Injury by automobile transportation**

Due to **170 E 8**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **see above**

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

(a) Accident, suicide, or homicide (specify) **accident 123**

(b) Date of occurrence **4/23/43 D.K.**

(c) Where did injury occur? **K.C. Mo. Jackson Co**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place - on street**

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **motor car**

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **K.C. Mo.** Date signed **5/24/43**

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**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.....

*R.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.**