S. No. 2
DM—2-43
5-17-30
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20279

State File No. 20279

D JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2717

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: /
226 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 Years

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. 226 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Antonio Cammarire

3. (b) If veteran, name war ----------

3. (c) Social Security No. 702-10-8235

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lin Brown

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

7. Birth date of deceased Aug. (Month) 30 (Day) 1878 (Year)

8. AGE: Years ~~65~~ 64 Months 9 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Do not Know
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Do not Know
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs FranceModice
(b) Address 226 Brooklyn

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo.

19. (a) 6-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)
Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary pelvic [illegible]	
Due to Cancer of Primary [illegible]	
Due to	
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

23. Signature [illegible] M.D. or other 6/15/43
Address [illegible] Date signed

(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.

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.