

V. S. No. 2
DOM-2-43
e 5-12-53
1-1-53

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27386

ED AUG 21 1943 149
Registration District No. _____

Primary Registration District No. 1002

State File No. _____
Registrar's No. 3460

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:
2203 Elma St.
(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 20 Years
(Specify whether years, months or days)

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. 2203 Elma St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Catherine Lombardo

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Female 5. Color or race White

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Sept. 9, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 11 29 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Do not know

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

14. Maiden name Do not know

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

16. (a) Informant Nicola Lombardo

(b) Address 406 Holmes St.

17. Burial (b) Date thereat Aug. 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo.

19. (a) 8-10-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1943 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from _____ 19____
Coomes

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Atherosclerosis
acute pulmonary edema

Duration _____

Due to _____

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy see above

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address K.C.M. Date signed 8/9/43

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.