

No. 2
1-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4973
Registrar's No. 4973

FILED DEC 22 1943
Registration District No. 749

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hrs. 55 min.
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 912 E 5th
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Jasper Dattelo
(b) If veteran, name war none
(c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 24
year 1943 hour 5 minute 50 P. M.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Rosa
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 23, 1943, to November 24, 1943
that I last saw h. in alive on November 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - Coronary Occlusion
Duration

8. AGE: Years 69 Months + Days +
If less than one day hr. min.

Due to 13212
Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Pete Di Giovanni
(b) Address 500 Campbell

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof 11/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation St. Mary's Cem

While at work (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Sebetos
(b) Address 901 E 5th

23. Signature Drury R. Thorn (M, D, or other)
Address ed. Dir. Gen'l Hosp. Date signed 11-26-43

19. (a) 11-26-43 (b) N. C. Brown
(Date received local register) (Registrar's signature)

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address *Kb 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.