

FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40911

Registrar's No. 5396

Registration District No. 199

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:  
608 WEST 39TH STREET  
(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 30 YEARS

3. (a) PRINT FULL NAME MR. AUSTIN JEANE D'ATILIO

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-9852

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MILDRED V. D'ATILIO 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased MARCH 14 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation MUSICIAN

11. Industry or business RETIRED 6 YEARS

MOTHER { 12. Name PHILIP D'ATILIO

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

14. Maiden name MARIA CAPONE

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

16. (a) Informant Mrs. Mildred V. D'Attilio

(b) Address 608 West 39th Street

17. (a) Removal (b) Date thereof DEC 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Indiana

18. (a) Signature of funeral director D. H. Newcomb, Inc.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-20-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 608 WEST 39TH STREET  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 16<sup>TH</sup>  
 year 1943 hour 3 minute 15 A.M.

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

Immediate cause of death Bronchopneumonia

Due to \_\_\_\_\_  
 Due to 707

Other conditions (include pregnancy within 3 months of death)

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

Of autopsy In situ

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] Date signed 12/16/43

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address Kemo

**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.**