V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26725

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3272

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

48
3
8

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 315 Garfield
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nick Arello

3. (b) If veteran, name war none

3. (c) Social Security No. 702-18-8607

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lena Arello

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 2 1890 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Steam fitter

11. Industry or business

FATHER
12. Name Salvatore Arello
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Salvatrino Caruso
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Arello
(b) Address 315 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary KCMO

18. (a) Signature of funeral director Panantone Bros
(b) Address KCMO

19. (a) 8-7-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1944 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 19, 1944 to August 5, 1944 that I last saw him alive on August 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder-Circulatory failure

Due to

Due to

Other conditions 52 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 0

23. Signature A. E. Upsher (M.D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 8-5-44

(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 Francis Walter

Licensed Embalmer No.....

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.