V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26792

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3467

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 513 E 4th St 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo 4 (If outside city or town limits, write "RURAL")
(d) Street No. 513 E 4th St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sabettini DiGrazia
3. (b) If veteran, name war — No
3. (c) Social Security No. none
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Ponot Know
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) ..... (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
70	—	—	— hr. ..... min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation
11. Industry or business Do
FATHER
12. Name Not
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Know
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)
16. (a) Informant Coroner Office
(b) Address Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill K.C. Ks.
18. (a) Signature of funeral director Pasquotto Bros
(b) Address K. C. Mo
19. (a) 8-24-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1944 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on Deputy Coroner 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis — Duration
Due to
Due to
Other conditions 94a (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection & History

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 W. E. Upsher (M. D. or other) MD
Address 23 McCoy Date signed 8/24/44

(Licensed Embalmer's Statement on Reverse Side)

360

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 Walton

Licensed Embalmer No. 2744

P. O. Address R. Olmo

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.