V. S. No. 2
0M—8-43
ev. 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 DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40342

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5058

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: 4507 S. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 4 month
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. 4507 S Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tony Sanservino
3. (b) If veteran, name war None
3. (c) Social Security No. 703-03-9134
4. Sex Male
5. Color or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Mary Sanservino
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan 4 (Month) 1894 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
~~60~~ 50	11	7	hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Labor
11. Industry or business —
FATHER
12. Name Joe Sanservino
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Beatrice
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Joe Sanservino
(b) Address 4507 S Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys
18. (a) Signature of funeral director Passantino Bros.
(b) Address Kansas City Mo.
19. (a) 12-13-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from June, 1944, to Dec 11, 1944
that I last saw him alive on Dec 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rt Lobar Pneumonia	
3 days duration	
Due to	
Due to	
Other conditions perforated duodenal ulcer June (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
117 B

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 Arvin Bentos (M. D. or other) M.D.
Address 416 Argyle KC Mo Date signed 12-13-44

(Licensed Embalmer's Statement on Reverse Side)

V. T. Willson
Anglyn Blvd.
124 McGraw

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 Frances Walton

Licensed Embalmer No. 2744

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.