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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19672

FILED JUL 11 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2709

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K C (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community since 1914 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town K C (If outside city or town limits, write "RURAL") 5
(d) Street No. 536 Harrison (If rural, give location) 4
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH SANTORO
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Tony
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Jan (Month) 13 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	5	11	hr. min.

9. Birthplace (City, town, or county) Louisiana 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Joe Polito
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)
MOTHER
14. Maiden name Margaret Cascio
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Tony Santoro
(b) Address 536 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cem
18. (a) Signature of funeral director Sebbeto's
(b) Address 901 E 5th
19. (a) 6-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1945 hour 6:30 AM minute M.
21. I hereby certify that I attended the deceased from May 1, 1945, 19, to June 24, 1945; that I last saw her alive on June 24, 1945, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilitation -	
Due to Hodgkins disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) 44 b	

Major findings:
Of operations
Of autopsy Hodgkins disease - Acute Cardiac dilitation

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) Cause of injury
23. Signature MO (M. D. or other)
Address 915 Prof. Bldg. C Date signed 6-25-45

(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address KC 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.