MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED SEP 10 1945

26586
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 149
(b) Township Kaw. Primary Registration District No. 1002 Registered No. 3577
(c) or City KANSAS CITY (d) Street No. NORTHEAST HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 1/8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME INFANT SALUZZI
(a) Residence, No. 545 PARK St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) INFANT

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-45

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 26 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) INFANT
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MO.

FATHER
13. NAME JOSEPH J. SALUZZI
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. MO.

MOTHER
15. MAIDEN NAME DORIS JEAN WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. MO.

17. INFORMANT (ADDRESS) MRS. DORIS SALUZZI 545 PARK, K.C., MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary's DATE 8/27 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sebbeto's KC Mo

20. FILED 8-27 1945 Geraldine Holmes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1945

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1945, to 8-26 1945
I last saw her alive on 8-26 1945 Death is said to have occurred on the date stated above, at 2:40 P.m.
The principal cause of death and related causes of importance were as follows:

INSUFFICIENT DEVELOPMENT. BORN AT 5½ MONTHS PREGNANCY. LIVED 3 HRS 25 MINUTES PREMATURE

Date of onset

Other contributory causes of importance:

159

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) C. K. Edwards Jr., D.O.
(Address) 2603 Independence Blvd Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.