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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 23 1945

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3821

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

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: 6835 Oak (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 6835 Oak (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FILOMENA DANZO
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lorenzo Danzo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 5 (Day) 1864 (Year)

8. AGE: Years 81 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Antonio Grasso
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Rose Grasso
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Emma Danzo
(b) Address 623 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys
18. (a) Signature of funeral director [illegible]
(b) Address KCMo
19. (a) 9-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1945 hour 6:10 minute A M.
21. I hereby certify that I attended the deceased from about 1 yr, 19 , to , 19 ; that I last saw her alive on 9-13 , 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to	
Due to	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy 93 D

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 [illegible] (M. D. or other)
Address 925 Apple Bldg Date signed 9/14/45

(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.....

Licensed Embalmer No. 4223

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, fact should be so stated above.