S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29682

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4016

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few min (Specify whether years, months or days)

In this community 25 YEARS

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. 608 FOREST AVE.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME DOMNICIS GUIDERA

3. (b) If veteran, name war NONE

3. (c) Social Security No NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE GUIDERA

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 23 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 5 If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country)

10. Usual occupation RESTAURANT OWNER

11. Industry or business

FATHER 12. Name SANTO GUIDERA

FATHER 13. Birthplace ITALY (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name MARY

MOTHER 15. Birthplace ITALY (City, town, or county) (State or foreign country)

16. (a) Informant ROSE GUIDERA

(b) Address 608 FOREST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 1-45 (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) 9-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 28 year 1945 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from May 23 1945 to Sept 28 1945 that I last saw him alive on Sept 28 (3:A.M) 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to Coronary disease — Duration 5/23-1945

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations yes

Of autopsy no

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 A. Saladino (M. D. or other)

Address 711 Rialto K.C. Mo Date signed 9/29/45

(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 Francis 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.