

No. 2
5-17-39
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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. 1623
229
Registrar's No.

FILED JAN 31 1946

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4136 Wayne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Montalbano
(b) If veteran, name war No (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Nunzia (c) Age of husband or wife if alive years
7. Birth date of deceased July 11 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Salvatore Montalbano

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

14. Maiden name Rose Caccioppo

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

16. (a) Informant Rose Triola

(b) Address 6015 E 9th

17. (a) Burial (b) Date thereof 1/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St. Mary's Cem

18. (a) Signature of funeral director Sabbatini by G.C.
(b) Address City

19. (a) 1-15-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13
year 1946 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec. 19 1946 to Jan. 13 1946
that I last saw him alive on Jan. 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 93 d
Major findings:
Of operations
Of autopsy None

Duration
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Clark W. Beck (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-14-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1147

Dr. Uzzatt

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. 2560

P. O. Address. K. E. M.

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.