

S. No. 2  
M-5-43  
y. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13407  
State File No.  
1825  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Menarrah Hospital  
(d) Length of stay: In hospital or institution 3 days  
In this community 2.5 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town Kansas City MO  
(d) Street No. 3632 Wabash  
(e) Citizen of foreign country? unknown

3. (a) PRINT FULL NAME: Ciro Valenti  
(b) If veteran, name war: none  
(c) Social Security: Do not know

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20  
year 1946 hour 7 minute 20 A.M.

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced: Widowed  
(b) Name of husband or wife: unknown  
(c) Age of husband or wife if alive: years  
7. Birth date of deceased: Feb 10 1870

21. I hereby certify that I attended the deceased from April 24, 1946 to April 20, 1946  
that I last saw him alive on April 20, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 2 Days 10  
If less than one day hr. min.

Immediate cause of death: Intercerebral hemorrhage

9. Birthplace: Italy

Due to: Atherosclerosis & hypertension

10. Usual occupation: none

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business:  
12. Name: Bastista Valenti  
13. Birthplace: Italy  
14. Maiden name: Do not know  
15. Birthplace: Italy

Major findings: Of operations: 830  
Of autopsy:

16. (a) Informant: Anthony Valenti  
(b) Address: 3632 Wabash  
17. (a) Burial (b) Date thereof: 4/23/46

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Presentino Bros  
(b) Address: Kansas City MO  
19. (a) 4-23-46 (b) Geraldine Holme

23. Signature: [Signature] (M. D. or other) MD  
Address: [Address] Date signed: 4-22-46

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**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 J. S. Maxton

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.**