

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. 20327
Registrar's No. 2483

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 105 Brooklyn
(d) Length of stay: In hospital or institution
In this community Do NOT KNOW.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 105 Brooklyn
(e) Citizen of foreign country? unknown

3. (a) PRINT FULL NAME Andrew Ingrassia
(b) If veteran, name war None
(c) Social Security 492-14-7779

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUN day 4
year 1946 hour 12 minute 05 P. M.
21. I hereby certify that I attended the deceased from July 4 to July 10, 1946, that I last saw him alive on June 4 and that death occurred on the date and hour stated above.

4. Sex Male color white
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maxyc Ingrassia
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 2 1880

Immediate cause of death: Heart failure
Due to: myocardial chronic
Other conditions: none
Major findings: 932
Of operations: none
Of autopsy: none

8. AGE: Years 66 Months 2 Days 2

9. Birthplace Italy

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Frank Ingrassia

13. Birthplace Italy

14. Maiden name Maxia Spessa

15. Birthplace Italy

16. (a) Informant Frank Ingrassia

(b) Address 2015 1/2 Independence Blvd

17. (a) Burial 13414 (b) Date thereof June 7 46

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City MO

19. (a) 6-5-46 (b) Geraldine Holmes

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?

23. Signature Matthew Holman (M. D. or other)
Address 1137 Prof Date signed 6/5/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

21 21238
Prof. Bldg.
Mrs. Holbrook
1 to 3 25th St. Room

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. 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.