S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20400

FILED JUN 25 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2558

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: 3322 East 23d Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3322 East 23d Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country: _____

3. (a) PRINT FULL NAME: William MILANI

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: male 9

5. Color or race: white

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

6. (b) Name of husband or wife: Mrs. Nancy Milani

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: April (Month) 11 (Day) 1865 (Year)

8. AGE: Years 81 | Months 1 | Days 28 | If less than one day: hr. _____ min.

9. Birthplace: Unknown (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation: Plasterer (retired 10 yr

11. Industry or business: Own

FATHER
12. Name: Emilio Milani
13. Birthplace: Unknown (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name: Bartelomea Guibi
15. Birthplace: Unknown (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant: Emil Milani
(b) Address: 3322 East 23d, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 E. Linwood Blvd.

19. (a) 6-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1946 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from about 6-2, 1946, to 6-9, 1946, that I last saw him alive on 6-9, 1946, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bronchial pneumonia

Due to: cold hoze

Due to: Had R side paralysis about 2 yrs due to hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: 107

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: D. M. Higgs M.D. (M. D. or other)

Address: Argyle Bldg Date signed 6-10-46

(Licensed Embalmer's Statement on Reverse Side)

Ht. 7388
D.M. Nigro, M.D.
Angyle Bldg.
Akron Noon

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.....

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.