S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 22755

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 773

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 mo 14 da (Specify whether)
In this community 1 yr. 3mo. 14da. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town KC (If outside city or town limits, write "RURAL")
(d) Street No. 309 Garfield (If rural, give location)
(e) Citizen of foreign country? Italian born (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincenzo Ippolito

3. (b) If veteran, name war No
3. (c) Social Security No. Not known

4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 28 (Day) 1878 (Year)

8. AGE: Years 68 Months 5 Days 7 If less than one day hr. min.

9. Birthplace ------ (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Nuncio Ippolito
13. Birthplace ------ (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Not given
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Nuncio Ippolito
(b) Address 704 Nebraska KC Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/ 6/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.
19. (a) July 8, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.K.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1946 hour 10 45 minute P M.
21. I hereby certify that I attended the deceased from Mon 1946 to July 5 1946 that I last saw him alive on July 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	months
Due to Arteriosclerosis	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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 L. R. Finch MD. (M. D. or other)
Address State Hosp. St. Joseph Date signed 7/6/46

(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 Albert D. Harrington

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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.