S. No. 2
M—2-43
. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23548

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3314

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3517 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 3517 Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GUSTAVO CORTI

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Ada

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

7. Birth date of deceased Dec (Month) 7 (Day) 1882 (Year)

8. AGE: Years 63 Months 7 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Prof. of Music

11. Industry or business

FATHER
12. Name Stephano Corti
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Amelia Unknown
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Bruno Corti
(b) Address 3234 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Sebelius
(b) Address City

19. (a) 8-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 46 hour ..... minute A. M.

21. I hereby certify that I attended the deceased from 11/28/46, 19..., to 7/31/46, 19...; that I last saw h. alive on 7/27/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Hypertensive heart disease — Duration July 1945

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations

Of autopsy

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 O. J. Sahs M. D.
Address 1609 Prospect K.C. Mo. Date 8/16/46

(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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 756 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.