No. 2
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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. 40730

Registration District No. FILED DEC 31 1946 Primary Registration District No. 1002 Registrar's No. 5351

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: 1022 Olive st
(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 unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 Olive st
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Maggio
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Maggio
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Oct 28 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Lorenzo Maggio
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Antonetta Furenzo
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Lorenzo Maggio
(b) Address 1022 Olive St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's
18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo
19. (a) 12-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1946 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from 2-13-, 1946 to 12-20-, 1946 that I last saw him alive on 12-14-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coxemia	2 weeks
Due to Carcinoma of the Penis	2/13/46
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5 d
Of autopsy no

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 A. Paladino (M. D. or other)
Address 721 Rialto Date signed 12/21/46

(Licensed Embalmer's Statement on Reverse Side)

Aug
cat 1-8 m.

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.