

S. No. 2  
1-12-45  
7-5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1106

FILED FEB 11 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 378

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

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:  
Research Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether years, months or days)  
 In this community 64 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3324 E. 20th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary C. GIROLAMI  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 25  
 year 1947 hour 2 minute 9 M.  
 21. I hereby certify that I attended the deceased from Jan 25, 1947  
 to Jan 25 1947  
 that I last saw her alive on Jan 25 1947  
 and that death occurred on the date and hour stated above

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Joseph D. Girolami  
 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased May 20 1879  
 (Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy  
kidney with metastases to both lungs.  
 Duration less than 1 hr.

8. AGE: Years Months Days If less than one day  
67 8 5 hr. \_\_\_\_\_ min.

Due to Multiple atherosclerosis  
kidneys  
 Due to \_\_\_\_\_

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

Other conditions Seizure  
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 52a  
 Of operations \_\_\_\_\_

11. Industry or business At home

Of autopsy Not completely reported  
 Underline the cause to which death should be charged statistically.

12. Name Louis Mall  
 13. Birthplace Italy  
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Basso  
 15. Birthplace Italy  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph D. Girolami  
 (b) Address 3324 E. 20th St., K.C., Mo.

17. (a) Burial (b) Date thereof 1-28-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

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? ( )

18. (a) Signature of funeral director Melody McGilley-Eylar  
 (b) Address Kansas City, Missouri

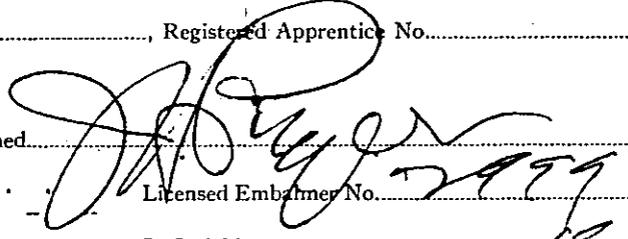
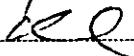
(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) MD  
 Address 1612 Prof. Bldg Date signed 1-27-47

19. (a) 1-27-47 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

Dr. H. Cummins  
1612 Prof. Bldg.  
(Dr. Claude Hunt's office)  
Until 4:30

**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. 2999  
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.**