V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9280

State File No.

Registration District No. 747 Primary Registration District No. 1002 Registrar's No. 1550

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. U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 20 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON. 48

(c) City or town KANSAS CITY, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 549 TRACY. 8
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) U

If yes, name country —

3. (a) PRINT FULL NAME NADINO BEVENUTA MATILDA MONTALTO

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife AGOSTINO MONTALTO.

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 29 (Day) 1883 (Year)

8. AGE: Years 63 Months 10 Days 5 If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) 5 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name BARTOLAMEO CARNACCI 5
13. Birthplace ITALY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANGELO.
15. Birthplace ITALY. (City, town, or county) 5 (State or foreign country)

16. (a) Informant ARTHUR MONTALTO.
(b) Address 549 TRACY.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARYS

18. (a) Signature of funeral director PASSANTINO BROS
(b) Address 2117 INDEP. BLVD.

19. (a) 4-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 23rd, 1947, to April 3, 1947
that I last saw her alive on April 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death bronchiary occlusion — Duration sudden

Due to arterial hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

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 0

23. Signature A. Saladino (M. D. or other)
Address 721 Bialts Date signed 4-4-47

(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 J. S. Walton

Licensed Embalmer No 274H

P. O. Address K. C. 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.