. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20957

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2813

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: None
(If not in hospital or institution, write street number or location) 1921 Monroe
(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: Missouri (b) County: Jackson
(c) City or town: Kansas City.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1921 Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ARCHIMEDE GHILARDI
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-05-5363
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lieberia Ghilardi
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: May (Month) 29 (Day) ~~1879~~ 1881 (Year)

8. AGE: Years: 66 ~~68~~ Months: 1 Days: 1 If less than one day: hr. min.

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

FATHER
12. Name: Palmino Ghilardi
13. Birthplace: Italy (City, town, or county) (State or foreign country)

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

16. (a) Informant: Liberale Ghilardi
(b) Address: 3819 East 23rd St K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery
18. (a) Signature of funeral director: Mellody-Mc Gilley-Eyler
(b) Address: 1800 E. Linwood Blvd.
19. (a) 7-2-47 (Date received local registrar) (Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 30 year: 47 hour: 6 minute: 40 A.M.
21. I hereby certify that I attended the deceased from April 29, 1947 to June 30, 1947 that I last saw him alive on June 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Immediate
Due to: Arteriosclerotic Heart disease	Many yrs.
Due to: Previous coronary occlusion in april 29, 1941	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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: Martin P. Hunter (M. D. or other) M.D.
Address: 1408 Waldheim Bldg. Date signed: 7/1/47

Jefferson City Printing Co.

(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.....Glen E. Beck.....

Licensed Embalmer No.....4063.....

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.