No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31127

FILED SEP 16 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3787

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 1929 (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 535 Benton Blvd 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose ~~Martino~~ Calorino
3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victor Calorino
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov 28 1909 (Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Salvatore Martino 5
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Provenza Passantino
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)
16. (a) Informant Victor Calorino
(b) Address 535 Benton Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt St. Mary's Cemetery
18. (a) Signature of funeral director Passantino Bros
(b) Address K C Mo
19. (a) 9-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1947 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from Jan. 1943, 19..., to Sept. 3, 1947, that I last saw her alive on Sept. 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Glomerulonephritis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 130
Of autopsy yes, ahe.

Duration

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 0

23. Signature D R Black (M. D. or other)
Address 924 Prof. Bldg. Date signed 9/5/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Donald Black
V18481
Prof Bldg
11th + Grand Ave

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 with the above constitutes grounds for revocation of license.)

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