No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 130

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-72

State File No. 13015

Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: ~~Kansas City~~ Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 hours (Specify whether years, months or days)
In this community: about 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 433 Farley 8
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Rhinaldo Biasetta
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unknown (Month) (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
85	?	?	hr. min.

9. Birthplace: Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation: Pensoiner
11. Industry or business:
FATHER
12. Name: Unknown 6
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Investigation 1
(b) Address:
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof: 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jackson County Med. Soc.
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 4-5-48 (Date received local registrar) (b) Donald C. Carnahan (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 13th
year: 1948 hour: 10:30AM minute: ? M.

21. I hereby certify that I attended the deceased from: Comm, 19..., to: ..., 19...;
that I last saw h... alive on: ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no History & Examination	

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) 5
While at work? (e) Means of injury:

23. Signature: Jean Walker (M. D. or other) Comm
Address: 1926 Poy Mo. Date signed: 4-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1953

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 Blaine E. Weibert

Licensed Embalmer No. 4075

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.