

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **3514**

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1.002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
In this community Do not know (Specify whether years, months or days)

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. 348 Garfield **8**
(If rural, give location) **0**
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Leonard De Maria
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 27
year 1948 hour 10 minute 5 A. M.

4. Sex Male 5. Color or White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Caterina De Maria
(c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept 16 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30, 1948, to Aug. 27, 1948;
that I last saw him alive on Aug. 27, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days 11
If less than one day hr. — min. —

Immediate cause of death Carcinoma of prostate
Due to _____
Due to _____

9. Birthplace Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 51 B
Of operations _____
Of autopsy None

11. Industry or business _____
12. Name Jack De Maria
13. Birthplace Italy (City, town, or county) (State or foreign country) 5
14. Maiden name Lina Charone
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

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? _____

16. (a) Informant Jack De Maria
(b) Address 2625 E 7th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Parente Bros.
(b) Address Kansas City MO
19. (a) 8-28-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

21. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-28-48

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 F. S. Walter

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.