FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36389
Registrar's No. 4899

Registration District No. 149 — Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K C (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2217 E 37th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: K C (If outside city or town limits, write "RURAL")
(d) Street No.: 2217 E 37th (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Italy

48 3 8 0

3. (a) PRINT FULL NAME: MRS ANTONINA BONELLO
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Salvator
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Oct (Month) 22 (Day) 1882 (Year)

8. AGE: Years 66 Months 1 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Italy 5 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____

FATHER
12. Name: Tony Di Maggio 5
13. Birthplace: Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mike Lo Monaco
(b) Address: 2217 E 37th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt St Marys
18. (a) Signature of funeral director: Sebbets
(b) Address: 901 E 5th
19. (a) 12-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 29 year: 1948 hour: 10 minute: P M.
21. I hereby certify that I attended the deceased from Aug. 27 1948 to Nov 29 1948 that I last saw alive on Nov 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 3 days
Due to: Arterial hypertension
Due to: Diabetes Mellitus
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
Of autopsy:

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: A. Saladino (M. D. or other)
Address: 72 N Pratt Bldg Date signed: 11-30-48

A. Saladino

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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..... Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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