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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 29 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

40278
5010

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

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 340 Olive St.
(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) 48 yrs.

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 340 Olive St.
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME JOSEPHINE SANTORO MORRONE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anthony Morone

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 12 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1948 hour 11 minute 51 P. M.

21. I hereby certify that I attended the deceased from Aug 16 1948 to Dec 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 63 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael De Mes 5

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Rose Del Pardo 5

15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Santoro
(b) Address 11 W. Main St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-48
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Presantino Bias
(b) Address 2117 Indep. Blvd.

19. (a) 12-8-48 (Date received local registrar) (b) Gerardine Holmes (Registrar's signature)

That I last saw her alive on Dec 6 (6 P.M.) 1948

Duration 40 days

Due to Toxemia

Due to Carcinoma of the liver 8/16/48

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 40%

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? (C)

While at work? _____ (Specify type of place)

Means of injury A. Saladino

Signature A. Saladino (M. D. Physician)

Address 721 Rialto Bldg. Date signed 12/8/48

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

*Dr. Galadino
Realto Bldg.*

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 *Francis J. Walton*

Licensed Embalmer No. *2744*

P. O. Address *J. 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.