

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37522

4775

BIRTH NO. 73088-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4775

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Kans. City</u>		9 <u>ix</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH'S</u>				d. STREET ADDRESS (If rural, give location) <u>345 BENTON BLVD</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCENT</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>SOLO</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>9</u> (Year) <u>49</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>11/7/49</u>			
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kans. City Mo</u>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOE SOLO</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN BALESTREPI</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOE SOLO</u>		ADDRESS <u>345 BENTON BLVD</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity & Immaturity</u> DUE TO (c) <u>Angiectasis of liver & spleen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11-7-49</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>776X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11-7-</u> , 19 <u>49</u> , to <u>11-9-</u> , 19 <u>49</u> , that I last saw the deceased <u>alive</u> on <u>11-9-</u> , 19 <u>49</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Thos. C. Mc Hale</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4620 Linden Ave K.C., Mo</u>		23c. DATE SIGNED <u>11-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-10-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>		ADDRESS <u>C 379</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address KE MD.

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.