No. 300
10-48

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1104

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 397

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Brooklyn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 612 Brooklyn 31 78

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle): ~~D. Grado~~ Digrado
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan-27, 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 24 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Italy 5
12. CITIZEN OF WHAT COUNTRY?: Italy

13a. FATHER'S NAME: ~~Louis~~ Luigi Cutro
13b. MOTHER'S MAIDEN NAME: ~~Mary~~ Maria Angelia
14. NAME OF HUSBAND OR WIFE: ~~Do not know~~ Modesto Digrado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs ~~Sari~~ Sari Lalumia ~~610~~ 612 Brooklyn KCMo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 1/21-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 12-22-49
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-, 1949, *to* 1-27-, 1950, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE A. Saladino (Degree or title): A. Saladino, M.D.
23b. ADDRESS: 771 Rialto Bldg
23c. DATE SIGNED: 1-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-30-50
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 1-27-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Passantino Bros — ADDRESS: KCMo

(Licensed Embalmer's Statement on Reverse Side)

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

Can be used

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 Francis Walton

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 wi the above constitutes grounds for revocation of license.)

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 1104 20

Local Registrar's No. 397

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of August, 1952 before me appears Carmelina Lalumia, who, upon her oath, states that the original record of ~~birth~~ death for Josephine Digrado died ~~born~~ Jan. 27, 1950, in the State of Missouri, and which was filed at K.C., Mo. on 1-27, 1950, should be corrected as follows:

Item No. 13 a should read Luigi Cutro
Instead of Louis "
Item No. 13 b should read Maria D'angelo
Instead of Mary Angelia
Item No. 14 should read Modesto Digrado
Instead of Do not Know
Item No. 17 should read Mrs. Sam Lalumia, 612 Brooklyn
Instead of " Sarri " 610 "
Item No. 3 should read Josephine Digrado
Instead of " Di Grado
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carmelina Lalumia (Daughter)
Relationship.

612 Brooklyn ave
Present Address. K.C. Mo.

Subscribed and sworn to before me this 20th day of August, ~~194~~ 1952

My Commission expires Oct. 21, 1955 Carrie M. Rippelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667

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