

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33747

State File No.

FILED OCT 20 1951

4250

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>7 Mos</u> | | d. STREET ADDRESS (If rural, give location) <u>7212 1/2 Prospect Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u> | | | |

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|--|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Francesca</u> b. (Middle) <u>Honey</u> c. (Last) <u>Federico Motroni</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 4 - 1951</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 9 1871</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>STATUARY</u> | 11. BIRTHPLACE (State or foreign country) <u>Italy</u> | 12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13. a. FATHER'S NAME <u>Federico Motroni</u> | 13. b. MOTHER'S MAIDEN NAME <u>Biagi</u> | 14. NAME OF HUSBAND OR WIFE <u>Carola Motroni</u> |
|---|---|--|

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|---|----------------------------------|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. Cenci</u> | ADDRESS <u>7212 1/2 Prospect Ave. KCMo</u> |
|---|----------------------------------|---|---|

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| 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, asthemia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalo malacia + Cerebral shock</u> | | <u>8 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chr. Nephritis</u> | | <u>2 yrs</u> <u>2 yrs</u> <u>592X</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>No optr</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

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| 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 9-1-50 to 10-4-51, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

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|---|-------------------|---|------------------------------------|
| 23a. SIGNATURE <u>J. G. Sheldon MD</u> | (Degree or title) | 23b. ADDRESS <u>W. 10, D - 922 Walnut KCMo</u> | 23c. DATE SIGNED <u>10-4-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>OCT-6-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. ST. MARY'S CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>10-5-51</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmead</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer</u> | ADDRESS <u>1931-BRUSH CREEK KANSAS CITY, Mo.</u> |
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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

working under my personal supervision.

Student Embalmer No.....

Signed.....

Raymond F. Hosen

Licensed Embalmer No. *4266*

P. O. Address: *Kansas City, Mo*

Signed.....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 3374151
Local Registrar's No. 4250

AFFIDAVIT FOR CORRECTION OF A RECORD

On this May day of 1953, before me appears Mrs. Andreina Cenci, who, upon her oath, states that the original record of birth death

for Francesco Federico Motroni ^{died} ~~born~~ October 4, 19 51, in the State of Missouri, and which was filed at Kansas City, Mo. on Oct. 5, 19 51, should be corrected as follows:

Item No. 3 should read Francesco Federico Motroni

Instead of Henry Motroni

Item No. 8 should read November 7, 1871

Instead of September 9, 1871

Item No. 13a should read Ferdinando Motroni

Instead of Fillipo Motroni

Item No. 13b should read Teresa Biagi

Instead of being blank

Item No. 12 should read Italy

Instead of U.S.A.

Item No. _____ should read _____

Instead of _____

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 Andreina Cenci Daughter
Relationship.

7212 1/2 Prospect Avenue, Kansas City,
Present Address. MO.

Subscribed and sworn to before me this 23 day of May, 1953.

My Commission expires 4-12-1957 Fatherine Deladim Public.

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