V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1174

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 125

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

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) 46 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2828 PEERY

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) 2828 PEERY

3. NAME OF DECEASED (Type or Print) a. (First) JOE b. (Middle) c. (Last) BRUNO

4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 52

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2
8. DATE OF BIRTH SEPT 22 1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LICATA SICILY 8
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ANGELO BRUNO
13b. MOTHER'S MAIDEN NAME ANGELINE LA ROCCA
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME ANGELINE ZEFFIRO ADDRESS 2828 PEERY

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) CARCINOMA ESAPHAGUS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

15 OX

19a. DATE OF OPERATION 4-25-51
19b. MAJOR FINDINGS OF OPERATION
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* 4-23, 1952, *to* 1-6, 1952 *that I last saw the deceased alive on* 1-6-52 19__, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altomare (Degree or title) Edward P. Altomare M.D.
23b. ADDRESS 1030 E. Pacific
23c. DATE SIGNED 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-10-52
24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS
24d. LOCATION (City, town, or county) K.C. (State) MO

DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S ADDRESS K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

a Tuor
Condie

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 Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address K. 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.