

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1372

State File No. 429

15238-53  
FILED FEB 11 1954

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and name of town) Kansas City		c. LENGTH OF STAY (in this place) 10 1/2 wks	c. CITY OR TOWN Kansas City		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp			e. STREET ADDRESS (If rural, give location) 918 Chestnut 3188		
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Janacaro c. (Last) Janacaro			4. DATE OF DEATH (Month) (Day) (Year) 1-25-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Child	8. DATE OF BIRTH 3-6-1953		9. AGE (In years last birthday) 10 1/2 wks
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Frank Janacaro	13b. MOTHER'S MAIDEN NAME Mary Louise Halcox	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. C	17. INFORMANT'S SIGNATURE OR NAME Frank Janacaro ADDRESS 918 Chestnut		

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Purpura fulminans		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infantile leukemia death		5 days
	DUE TO (c)		5710
	11. 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		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 Jan 22, 1954, to Jan 25, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE John T. Skinner (Degree or title) MD	23b. ADDRESS 1102 Grand Ave. E. Mo	23c. DATE SIGNED 1-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-28-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) Kansas City Mo
DATE REC'D BY LOCAL REF. 1-27-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ernest B. Kestner 11. C. Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

J.T.  
Dr. Skinner  
Bryant Bld.

Ha 7070

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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.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 476

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.