

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21120

Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Leaw Primary Registration District No. _____ Registered No. _____
 (c) City Kansas (d) Street No. Research Hospital _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 645 Anthony Orlando _____ St. _____
118 Wabash (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX. Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Michela Orlando

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Fish Market
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

FATHER 13. NAME Louis Orlando 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

MOTHER 15. MAIDEN NAME Antonina Ristivo 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Louis Orlando
118 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Mary DATE June 12 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Passantino Bros
415 C Mo

20. FILED June 11 39 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 9 1939

22. I HEREBY CERTIFY, That I attended deceased from about 5 years to _____, 19____
 I last saw h. i. m. alive on June 9 1939. Death is said to have occurred on the date stated above, at 5:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset Unknown
Angina Pectoris
7/4
 Other contributory causes of importance:
Acute Pulmonary Edema
Arteriosclerosis, Generalized
Unknown
Unknown

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) M. M. Brown, M. D.
 (Address) 210 Ogden Bldg.

Dr. P. W. Johnstone
210 Argyle Road
12th & Mc Bee
3 P.M.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.



PASSANTINO BROS. FUNERAL HOME

21120-39

Sept 1958

2117 INDEPENDENCE BLVD.
KANSAS CITY, MISSOURI

To Mo state Board of Health
Jefferson City Mo

Antonino Orlando was Born in
Comune Di Compostel
Provincia Di Palermo Italy on
Oct. 3-1870

Antonino Orlando
Father Name Luigi Orlando
Mother Maiden Name Antonina Risio
Luigi Orlando is same person Louis Orlando
Antonino Orlando is same person Anthony Orlando

Signed Luigi Orlando Son
118 Wabash Ave
Kansas City Mo.

State Mo., County Jackson

Subscribed and sworn to before me this 19 day of Sept 1958

Feb 27 1959 Chas Passantino

My commission expires

Notary

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 21120-39

State of MO }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2388

On this 19 day of Sept., 1958, before me appears

Louis Orlando, who, upon his oath, states that the original record of birth for Anthony Orlando born 6-9-1939, in the State of Missouri, and which was filed at Jefferson City, Missouri on 6 11 19 39, should be corrected as follows:

Item No. 7 should read Oct. 3-1870
Instead of Oct 14 1882

Item No. 8 should read 68-8-6
Instead of 56-7-25

Item No. should read
Instead of

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

(SEAL)

Affiant Louis Orlando Relationship.
118 Wabash Ave K C Mo Present Address.

Subscribed and sworn to before me this 19 day of Sept., 1958

My Commission expires Feb 27 1959 Chas Panantano Notary Public.

Verified by Italian Birth Certificate Consulate Provincial Di Palermo.

1. Affidavits containing clauses will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.