

SEP 6 1939

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

28113
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Kanw Primary Registration District No. 100W Registered No. 3115
 (c) City Kansas (d) Street No. St Joseph 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 Victor M. Brancato
 (a) Residence, No. 1215 INDEP AVE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Millie Brancato

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 5 29

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. Broc. store keeper
 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) Kansas City Mo

FATHER
 13. NAME Mariano Brancato
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
 15. MAIDEN NAME Madalano Axlroci
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Jasper Brancato
 (ADDRESS) 1100 E 8th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Marys DATE Aug-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pasquino Bras
11 E Mo

20. FILED 96 1939 M.M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 4, 1939.
 I last saw him alive on Aug 4 5:15pm, 1939. Death is said to have occurred on the date stated above, at 5:15pm.
 The principal cause of death and related causes of importance were as follows:
Uremia
 Date of onset 8/2/39

Other contributory causes of importance:
Bronchitis
Peritonitis
 Name of operation Appendectomy Date of 8/1/39
 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) J. B. Williams, M. D.
 (Address) 612 Professional

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Willits
Prof. Didge
11th & Grand.

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 comply with the above constitutes grounds for revocation of license.)

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