

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14108

FILED MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1820

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day
(Specify whether
In this community 40-years
years, months or days)

3. (a) PRINT FULL NAME TONY BENIZIO 520

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 54 years
Angelina Benizio

7. Birth date of deceased March 17th, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Beneventi, Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Not in business

12. Name Ralph Benizio

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tony Benizio

(b) Address 2646 Cypress

17. (a) Burial (b) Date thereof 5/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) April 30, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 2646 Cypress St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 40-years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1940 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
1. Inf. Temporal Brain Abscess
2. Inf. Otitis med.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Paralysis of opening of is
Hypertensive Ht. Dis.

Major findings Of operative Abn. elev. neph
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed _____

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

May 21 1964

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 *Paul B. Loetter*
Licensed Embalmer No. 3754
P. O. Address W.C. No

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.