

1941 AUG 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24345**
Registrar's No. **2955**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
St. Joe Hosp
(d) Length of stay: In hospital or institution **43 yrs**
In this community **43 yrs**

3. (a) PRINT FULL NAME **AMELIA NIGRO**
3. (b) If veteran, name war _____
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **John Negro** 6. (c) Age of husband or wife if all **73** years
7. Birth date of deceased **June 1st 1874**

8. AGE: Years **66** Months **1** Days **23** If less than one day _____

9. Birthplace **Cozenza Italy**

10. Usual occupation **Retired**

11. Industry or business _____
MOTHER FATHER { 12. Name **John Ruffolo**
13. Birthplace **Cozenza Italy**
14. Maiden name **Josephina Lopez**
15. Birthplace **Cozenza Italy**

16. (a) Informant's own signature **Marion Negro**
(b) Address **915 E Ma Ave**

17. (a) **Burial** (b) Date thereof **July 25/40**
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **John Ruffolo**
(b) Address **525 1/2 E Ma Ave**

19. (a) **July 24, 1940** (b) **M. M. Crowe**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **915 E Ma Ave**
(e) If foreign born, how long in U. S. A. **43 yrs**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **23**
year **1940** hour **12.05** minute _____ M.
21. I hereby certify that I attended the deceased from **Jan 1-82**
1937 to **July 23**, 19**40**
that I last saw her alive on **July 23**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic mellitus - arteriosclerosis - gangrene on leg**
Due to _____
Due to **59**

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 **Dr. Negro** (M. D. or other) _____
Address **525 1/2 E Ma Ave** Date signed _____

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

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.

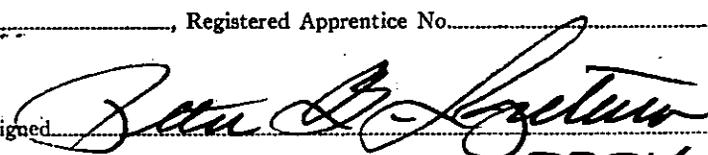
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed.....



Licensed Embalmer No.

3754

P. O. Address.....

RC 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.