DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37598

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4196

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution: St Joseph Hosp (If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)

In this community: 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 509 Harrison (If rural, give location)

(e) If foreign born, how long in U. S. A.? 37 yrs years.

3. (a) PRINT FULL NAME: Joseph Abate

3. (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: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June 1st (Month) 1878 (Day) (Year)

8. AGE: Years 62 Months 5 Days If less than one day hr. min.

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

10. Usual occupation: Saloonkeeper

11. Industry or business: Own

MOTHER FATHER

12. Name: Pietro Abate

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

14. Maiden name: Caterina Messina

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

16. (a) Informant's own signature: Lawrence Abate

(b) Address: 316 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 6-40 (Month) (Day) (Year)

(c) Place: burial or cremation: St Marys Cem

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

(b) Address: [illegible] Mo

19. (a) Nov. 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1940 hour 8 minute 02 A.M.

21. I hereby certify that I attended the deceased from 9-11-40, 19..., to 11-2-40, 19...; that I last saw him alive on 11-1-40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Stomach — Duration

Due to: 46

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: No operations

Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 525 Argyle Bldg Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 KC Mo

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

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