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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1180

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Jan. 8 To 9th. (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson 48

(c) City or town Kansas 3 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2640 East 8th ST. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 30 Years years.

3. (a) PRINT FULL NAME DOMINICO MINUTOLO

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 Married

6. (b) Name of husband or wife Rose Minutolo

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug. 3 1887 (Month) (Day) (Year)

8. AGE: 53 Years | Months 5 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name John Minutolo

13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

14. Maiden name Josephine Unellie

15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs Rose Minutolo

(b) Address 2640 East 8th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. II 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. ST. Mary's

18. (a) Signature of funeral director Passantino Bro's.

(b) Address K. C. MO.

19. (a) 1-10-1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 1-9-41

year ___ hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from 9:45 A.M. ___, 19___, to ___, 19___; that I last saw by ___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ___ Duration

Due to Muriatic acid poisoning

Due to ___

Other conditions ___ (Include pregnancy within 3 months of death) 163

Major findings:
Of operations ___
Of autopsy Yes

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) Suicide

(b) Date of occurrence 1-8-41

(c) Where did injury occur? K.C. Mo (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 3

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

Address K.C. Mo. Date signed ___

(Licensed Embalmer's Statement on Reverse Side)

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.....Park G. Rowe.....

Licensed Embalmer No.....2347.....

P.O. Address.....K. C. MO.....

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

If this body is not embalmed, fact should be so stated above.