

No. 2
1-13-40
17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1197

State File No. 157

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan City Mo
(c) Name of hospital or institution: 426 So. Jackson
(d) Length of stay: In hospital or institution 37 years
In this community 37 years

3. (a) PRINT FULL NAME Mary Cassatta
3. (b) If veteran, name war L
3. (c) Social Security No. L

4. Sex female
5. Color or race W
6. (a) Single, widowed, married divorced / married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased June 5th 1872

8. AGE: Years 68 Months 7 Days 6
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name Giuseppe Bondi

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

14. Maiden name unknown

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

16. (a) Informant Mae Riem
(b) Address 3617 Lexington

17. (a) Burial (b) Date thereof 1/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director A. Sebeto
(b) Address 901 E 5th

19. (a) Jan 17, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town KC Mo 48
(d) Street No. 426 So. Jackson 3
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1941 hour 1 minute A M.
21. I hereby certify that I attended the deceased from January 9th 1941 to Jan 10 1941
that I last saw her alive on Jan 10/8 PM 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Toxemia
Due to Acute Toxemia
Pneumonia (left)

Due to 108
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

Duration
2 days
3 days
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?
(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 Anthony Saladino (M. D. or other)
Address 721 Prialto Pkwy Date signed 1-12-41

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

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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 1507 E 29th

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, fact should be so stated above.