No. 2
4-13-40
5-17-39
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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. 1302

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 262

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

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: Mo Pacific East Yards Northeast (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 40 years, months or days)

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") 48
(d) Street No. 711 Tracy (If rural, give location) 3
(e) If foreign born, how long in U. S. A.? 40 0 years.

3. (a) PRINT FULL NAME RALPH ~~Russo~~ Ross RIZZUTI

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-5989

4. Sex Ma

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angeline Rizzuti

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 6 (Day) 1879 (Year)

8. AGE: Years 61 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Petrunga ~~[illegible]~~ (City, town, or county) Italy (State or foreign country) 5

10. Usual occupation Laborer

11. Industry or business Mo Pac RR

FATHER
12. Name Louis Rizzuti
13. Birthplace Italy (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Theresa Rizzuti
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Wife — Mrs Angeline Rizzuti
(b) Address 711 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Peter A Lapetina
(b) Address K C Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 1-17-41
year hour minute 2:40 P M.

21. I hereby certify that I attended the deceased from Coroner, 19, to, 19;
that I last saw it alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Railroad traumatism

Due to 169-8

Due to 30

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

Duration

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) Accident 1 3
(b) Date of occurrence 1-17-41
(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? Pedestrian (Specify type of place)
While at work? yes (d) Means of injury 3

23. Signature Victor M. Lupler (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 [signature]

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 wit the above constitutes grounds for revocation of license.)

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