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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 16 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

24110

State File No. 2649

Registrar's No.

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas  
(c) Name of hospital or institution: Colony Client  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 yrs 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vencenzo Shortino  
3. (b) If veteran, name war None 3. (c) Social Security No. NO

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive Sept 25 1867 years (Month) (Day) (Year)

8. AGE: 73 Years 7 Months 23 Days If less than one day hr. min.

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

10. Usual occupation Retire Rail Road

11. Industry or business

MOTHER FATHER { 12. Name Felix Shortino  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Grace Arnold  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Joe Shortino  
(b) Address 1216 E 5th St

17. (a) RURAL (Burial, cremation, or removal) (b) Date thereof JULY 15 41 (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN

18. (a) Signature of funeral director PASSARINO BRAS  
(b) Address K.C. MO

19. (a) 7-14-41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson 048  
(c) City or town Kansas 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1216 E 5th St (If rural, give location)  
(e) If foreign born, how long in U. S. A. 47 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 10 10am, 1941 to July 12 12, 1941, that I last saw him alive on July 12 at 10 A.M., 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degenerative chronic

Due to Actin - Belusian

Due to Hyperloemia 93 H

Other conditions 93 H  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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)  
(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 A E Scardino (M. D. or other) 200  
Address 2603 2nd St Date signed 7-14-41

541 (Licensed Embalmer's Statement on Reverse Side)

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.....

*Park Rowe*

Licensed Embalmer No. *2347*

P. O. Address. *H. C. M. O.*

**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.**