No. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33961

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3901

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 20 yrs 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 3008 East 12th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Angelo Rugerri

3. (b) If veteran, name war

3. (c) Social Security No. 495-10-5894

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Apr (Month) 7 (Day) 1893 (Year)

8. AGE: Years 48 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

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

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

16. (a) Informant Geo Chiavola

(b) Address City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/20/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 10/19/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1941 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-14-41, 19 to 10-16-41, 19; that I last saw him alive on 10-16-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to 8 2 1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emery R. Thom (M. D. or other) 0

Address Med. Dir. K.C. Gen. Hospital 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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address K. C. Mo.

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.