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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1196

Registrar's No. 189

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: Leeds T B M Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos 1 day (Specify whether years, months or days)
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3645 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME: Theodore Fiocati
3. (b) If veteran, name war:
3. (c) Social Security No. 487-09-2876

4. Sex: Male M
5. Color or race: Cau.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Margaret Fiocati
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: August (Month) 8 (Day) 1906 (Year)

8. AGE: Years 35 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business:
MOTHER FATHER
12. Name: Martin Fiocati
13. Birthplace: (City, town, or county) of Germany (State or foreign country)
14. Maiden name: Maiche Flynn
15. Birthplace: (City, town, or county) ? (State or foreign country) ?
16. (a) Informant: Leeds T B M Hospital
(b) Address: Leeds, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park
18. (a) Signature of funeral director: Fulton Funeral Home Fulton
(b) Address: 1319 N 18th St. K.C. Kan.
19. (a) 1/16/42 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th year 1942 hour 3 00 pm minute M.
21. I hereby certify that I attended the deceased from May 15, 1941, to Jan. 16, 1942 that I last saw him alive on Jan. 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Ex Cursing Paraparesis bilateral
Due to: pulmonary tuberculosis
Due to: 1331
Other conditions (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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed:

(Licensed Embalmer's Statement on Reverse Side)

MC

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 D. H. G
R. A. Fulton Funeral Home, Registered Apprentice No. 2072
working under my personal supervision.

D. H. Gegrie

Signed R. A. Fulton Funeral

Licensed Embalmer No. ~~7503~~ 2072

P. O. Address Kans City, Kan

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

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