

No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5608

State File No.

Registrar's No. 479

FILED MAR 9 1942 399
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Trinity Lutheran Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4117 E. 8th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Vincent H. Sarli
(b) If veteran, name war No
(c) Social Security No. 495-07-9620

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd year 1942 hour 12 minute 15 A.M.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Sarli
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased: May 18 1908

21. I hereby certify that I attended the deceased from 4 Jan. 3/4 1942 to Feb 3 1942 that I last saw him alive on Feb. 2 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 8 Days 15 If less than one day hr. min.

Immediate cause of death: Pneumonia
Probable Influenza
Due to typical
Duration about 4 day
Due to Had an upper respiratory infection for about 10 days
Other conditions: 32w

9. Birthplace Peoria Ill.
10. Usual occupation Stonemason

PHYSICIAN
Major findings: none
Of operations: no
Of autopsy: no
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business
12. Name Emil Sarli
13. Birthplace Italy
14. Maiden name Anna Siebels
15. Birthplace Hanover Germany

16. (a) Informant Mrs. Josephine Sarli
(b) Address 4117 E. 8th St.
17. (a) Burial (b) Date thereof 2-5-42
(c) Place: burial or cremation Mt. St. Mary's Cem.

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? _____

18. (a) Signature of funeral director M. Wagner
(b) Address KANSAS CITY, MO.
19. (a) 2-3-42 (b) M. M. Crowe

23. Signature J. J. Hamilton (M. D. or other) D
Address 1102 Shaw KC Mo Date signed 2/3/42

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

730
V. 2443
P. 109

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.