S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29417
34878

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 20 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. 1836 East 82nd Street
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Vincent Gardi
3. (b) If veteran, name war Italian Army World War No. I
3. (c) Social Security No. 491-01-9297
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Pearlea Gardi
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 26 (Day) 1895 (Year)
8. AGE: Years 47 Months 3 Days 18 If less than one day hr. min.
9. Birthplace Turin (City, town, or county) Italy (State or foreign country)
10. Usual occupation Rock Crusher Operator
11. Industry or business Bethany Rock Crusher Company
FATHER 12. Name Vincent Gardi
13. Birthplace Piagenza (City, town, or county) Italy (State or foreign country)
MOTHER 14. Maiden name Comela Accolar
15. Birthplace Unknown (City, town, or county) Italy (State or foreign country)
16. (a) Informant Pearlea Gardi
(b) Address 1836 E. 82 st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1942
(c) Place: burial or removal Union Church Cemetery Orrick, Missouri
18. (a) Signature of funeral director O. W. Newcomb Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-16-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 42 hour 9:05 minute P M.
21. I hereby certify that I attended the deceased from Crushed, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Crushing injury of chest Right hemothorax	
Due to: Fell down elevator shaft	
Due to: 18 hrs	
Other conditions (Include pregnancy within 3 months of death): 14	
Major findings of operations:	
Of autopsy: See above	

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
(b) Date of occurrence 9/14/42
(c) Where did injury occur? 82nd & Wornall Jackson Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rock Quarry (Specify type of place)
While at work? Yes (e) Means of injury
23. Signature O. S. Stitt (Coroner) Address Kansas City Date signed 9/16/42

(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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

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.