. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8972

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1463

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether In this community 14 Days 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town Kansas 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1227 Park Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Mike Arnone

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Arnone

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 12 1891 (Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Store Keeper

11. Industry or business

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

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

16. (a) Informant Frances Arnone

(b) Address 1227 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt St. Mary's

18. (a) Signature of funeral director Passantino Bros

(b) Address K.C. Mo

19. (a) 3-26-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1943 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 3/9/43, 19, to 3/25/43, 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure & uremia - Retro. Pharyngeal abscess.	
Due to Hypertensive heart disease	
Due to arteriosclerosis & diabetes	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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 Charles Wolfe (M. D. or other)

Address Prof Bldg. K.C. Mo. Date signed 3/26/43.

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(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 Park G. Rowe

Licensed Embalmer No. 2347

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.