

S. No. 2  
DM-2-43  
5-17-39  
PI X35

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16871**  
Registrar's No. **2213**

FILED JUN 7 1943  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
511 Garfield  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 2 1/2 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME VENERINA CONTORNO

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race White

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

6. (b) Name of husband or wife Sam

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 2, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|           |          |          |                |
|-----------|----------|----------|----------------|
| <u>42</u> | <u>5</u> | <u>6</u> | hr. _____ min. |
|-----------|----------|----------|----------------|

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

12. Name Giuseppe Liberto

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

14. Maiden name Mattier Mirando

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

16. (a) Informant Sam Contorno

(b) Address 511 Garfield

17. (a) Burial (b) Date thereof 5-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd., K. C.

19. (a) 5-13-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Garfield **8**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1943 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 23, 43  
1943 to May 8 1943  
that I last saw him alive on May 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
the  
Bladder

Due to Free Stones

Due to Enlarged Free Bladder

Other conditions 46  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: as above 5/23, 43

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of business)

Means of injury \_\_\_\_\_

23. Signature Terry Kelly (M.D. or other) **11 M.D.**

Address 807 Lytle Bldg Date signed \_\_\_\_\_

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**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..... *W. S. Blackman* .....

Licensed Embalmer No. *3639* .....

P. O. Address..... *P. O. 1110* .....

**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.**