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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41216

Registration District No. 1049 DEC 22 1943

Primary Registration District No. 1002

Registrar's No. 5079

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
On Street at 8th & Oake 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. ~~On Street at 8th & Oake~~ 8
(If rural, give location)
740 Locust.

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Estella Perillo

3. (b) If veteran, name war no

3. (c) Social Security No. 493-22-6556

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr Andrew Perillo

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 14 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Doniphon Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Maid

11. Industry or business

FATHER
12. Name Do not Know
13. Birthplace Do not Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not Know
15. Birthplace Do not Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Andrew Perillo
(b) Address 740 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo

19. (a) 12-2-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 6 minute 15 a.M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 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 Shock	
Due to Hemoperitoneum	
Due to Ruptured Liver	
Due to Auto Trauma.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 170 cc	
Of autopsy See Above 21	

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 123
(b) Date of occurrence Nov. 29, 1943
(c) Where did injury occur? Kansas City Mo
(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 No (e) Means of injury Trauma

23. Signature A. E. Ascher M.D.
(M. D. or other)
Address 22 McCoy Date signed 4/30/43

(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 J. 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.