

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED JUN 20 1946**

State File No. \_\_\_\_\_

Registrar's No. **2488**

Registration District No. **149**

Primary Registration District No. **1002**

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 2644 Colorado 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 43 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2542 Van Buren  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CONCETTA SANTORO

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Archangelo Santoro

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

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name A. Sarno

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

14. Maiden name unknown

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

16. (a) Informant Mike Santoro

(b) Address 2542 Van Buren

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director R. C. Holmes

(b) Address K.C. Mo.

19. (a) 6-5-46 (Date received local registrar) (b) R. C. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1946 hour 4 a.m. M.

21. I hereby certify that I attended the deceased from April 5 1945 to June 2 1946; that I last saw her alive on June 2 1946; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 15 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 93-el

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

(e) Means of injury 0

23. Signature Am. Regis (M. D. or other) M.D.

Address 925 Argyle Bldg. K.C. Date signed \_\_\_\_\_

No. 2  
-2-43  
5-17-39  
I X35697

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

100-1000

*Dr. Shelton*

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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 *Dr. Shelton*  
Licensed Embalmer No. *4773*  
P. O. Address *KC 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.**