S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

3595

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37138

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4804

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: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-20-46 - 11-13-46 (Specify whether

In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MO (b) County Jackson 3

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

(d) Street No. 328 Park (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John Rago

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Feb 23 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 20 If less than one day — hr. — min.

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

10. Usual occupation Water Works

11. Industry or business North Kansas City

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

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

16. (a) Informant Dominick Rago

(b) Address 328 Park.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St Marys

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City MO

19. (a) 11-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 13 year 1946 hour 7 minute 25 P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia (Bilateral)

Due to Toxaemia

Due to amputation Right Leg Due to injury

Other conditions (Include pregnancy within 3 months of death) (leg crushed between auto + a fixed object.)

Major findings: Of operation 170C-8

Of autopsy yes as above 20

Duration

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 24

(b) Date of occurrence Oct-31-'46.

(c) Where did injury occur? Clay (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? yes (e) Means of injury Truck Trans

23. Signature [signature] (M. D. ~~or other~~) 3

Address 1424 [illegible] Date signed 11-14-46

(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. J. S. Walton

Licensed Embalmer No. 2744

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.