

S. No. 2
M-5-43
v. 5-17-39
p. I X38671

37209

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4700**

Registration District No. 149 Primary Registration District No. 1002

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

36070

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. Marys Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days (Specify whether
 In this community 25 yrs. years, months or days)

3. (a) PRINT FULL NAME Vincenzo Charles Taiibi
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male **5. Color or** White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. Mrs Mary Taiibi
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased. Sept 12 1870
 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 24
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retiree

11. Industry or business _____

MOTHER FATHER {
12. Name Vincenzo Taiibi
13. Birthplace Italy
 (City, town, or county) (State or foreign country)
14. Maiden name Antonietta Mero
15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Taiibi

(b) Address 3411 Smart

17. (a) Burial (b) Date thereof Nov 9 46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Pascentino Bros.

(b) Address K. C. Mo

19. (a) 11-8-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
 (c) City or town Kansas City Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3411 Smart
 (If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
 year 1946 hour 11 minute 25 A M.

21. I hereby certify that I attended the deceased from Nov 1
1946 to Nov 6 1946
 that I last saw him alive on Nov 6 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Cerebral Thrombosis
Generalized Arterio-
sclerosis - Coronary
myocardial degeneration
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: 93 D
 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)
 Means of injury _____

23. Signature J E Castle (M. D. _____)

Address 1002 Argyle Bldg Date signed 11-8-46

Original No. 5037
Friday 2/25/55

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.