

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5148
Registrar's No. 938

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution General Hospital No. 1
(d) Length of stay: In hospital or institution 1 MO.
In this community UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3833 State Line
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Anthony Zeto
(b) If veteran, name war none
(c) Social Security 490-10-0116

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1 year 1947 hour 2 minute A. M.

4. Sex Male Color or race white
6. (b) Name of husband or wife Jenette Zoto
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Feb 14 1912

21. I hereby certify that I attended the deceased from Jan. 30 1947 to March 1 1947; that I last saw him alive on March 1 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Bronchopneumonia and rt. lung abscess due to tracheotomy due carcinoma of tongue with neck Due to metastasis

8. AGE: 35 Years 0 Months 17 Days

Other conditions: 45-5
Major findings: Of operations See above

9. Birthplace Kansas City MO
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business
12. Name Jasper Zeto
13. Birthplace Italy
14. Maiden name Marie
15. Birthplace Italy

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

16. (a) Informant Jenette Zeto
(b) Address 3833 State Line
17. (a) (b) Date thereof March 4-47
(c) Place: burial or cremation Mt St Marys
18. (a) Signature of funeral director Passantino
(b) Address
19. (a) 3-1-47 (b) Geraldine Holman

While at work? (Specify type of place) (e) Means of injury
Signature: Wm W Hart (M. D. or other) Med. Dir. Gen'l Hosp. Date signed 3-1-47

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

R. L. Lamer

JAN 7 1958

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 *Francis 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..