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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13462

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1585

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: Menorah Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 46 years

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.: 1426 E 65 St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MARY GIRARD
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: Sam Girard
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 12th (Day) 1900 (Year)

8. AGE: Years: 46 | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Jackson County Poorhouse
MOTHER FATHER
12. Name: Joseph Cupiteri
13. Birthplace: ~~Anna Fadon~~ Italy (City, town, or county) (State or foreign country)
14. Maiden name: Anna Fadon
15. Birthplace: Italy (City, town, or county) (State or foreign country)
16. (a) Informant: Angel Giamilva
(b) Address: 1012 Admiral
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem
18. (a) Signature of funeral director: Geo. E. Lostetter
(b) Address: K.C. Mo
19. (a) 4-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 6th year: 1947 hour: 6:15 minute: P.M.
21. I hereby certify that I attended the deceased from April 2nd 1947 to April 6 1947 that I last saw h. alive on April 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary embolism — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 122a
Major findings: Of operations: Hemicorporectomy + Hemicorporectomy (non ⊘) 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: O. J. Ochsner (M. D. or other) MD
Address: 1020 Prof. Bldg. Date signed: 4/8/47

(Licensed Embalmer's Statement on Reverse Side)

Dr Printz
Professional Bldg
11th & Grand

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.....

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.