

No. 2  
A-5-43  
5-17-39  
I X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27625

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

3310

Registrar's No. \_\_\_\_\_

FILED AUG 19 1947  
1449

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3240 Norledge Convalescent Home  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 years (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 718 Troost,  
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ollie Chimento

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from July 15  
1946 to Aug 30 1947.

that I last saw her alive on Aug 2 1947  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Nick Chimento

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 17 1884  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure  
suppurative pneumonia

Due to Cerebral hemorrhage

Due to arteriosclerosis  
sensitiz

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

63 0 17 10 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name William Still

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

14. Maiden name Parker

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

Major findings:  
Of operations 430

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Nick Chimento

(b) Address 718 Troost, Kansas City, Mo.

17. (a) removal (b) Date thereof 8-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-5-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

(e) Means of injury 2

23. Signature Staley M. Stoney (M. D. or other) do

Address 205 Garfield Date signed 8/15/47

*Dr. Allen Mearns  
Hempfield, Pa.*

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Mc Tuo

**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.