. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27923

FILED AUG 26 1949

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3469

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

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sabato
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased April 10 1916 (Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days 1 If less than one day ... hr. ... min.

9. Birthplace Cumberland Wis 1 (City, town, or county) (State or foreign country)
10. Usual occupation Shoemaker
11. Industry or business for self
FATHER
12. Name Micheal Sabato 5
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carmella Delmonico
15. Birthplace Italy (City, town, or county) (State or foreign country) 5
16. (a) Informant Mary Sabato
(b) Address 1410 Prospect Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys
18. (a) Signature of funeral director Passantino Bros
(b) Address K C Mo
19. (a) 8-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1947 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July 31, 1947 to Aug. 11, 1947
that I last saw him alive on Aug. 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Portal cirrhosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 2 4 15	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. McNamara

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 Dick Keeley

Licensed Embalmer No.....

P. O. Address Irelys 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.