S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31362

Registrar's No. 4158

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. Joseph Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 E. 82nd. Terrace 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marion Michael Nigro

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 25 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name John E. Nigro
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eleanor Osley
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John E. Nigro
(b) Address 1302 E. 82nd. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Sept 25, 1947, to Oct 1st, 1947,
that I last saw him alive on Oct 1st, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Intestinal Food Intolerance and	
Due to Diarrhea of New Born Type Undetermined	14 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

119a

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 Sr Damon Watchall (M. D. ~~or other~~)
Address 233 Playa Medical Date signed Oct 2 '47

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Lewis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.