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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12490

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1899

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: Conley Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

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. 1314 Bales St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Salvatore Cimino
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 April 28 1948 (Month) (Day) (Year)

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

9. Birthplace Kansas City MO (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Ralph Cimino
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Angelena Buccare
15. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
16. (a) Informant Ralph Cimino
(b) Address 1314 Bales St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's Cemetery
18. (a) Signature of funeral director Passarino Bros
(b) Address KC Mo
19. (a) 5-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1948 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from Birth, 19..., to May 1, 1948, 19..., that I last saw him alive on May 11, 48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations
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 2
23. Signature E D Keene DO (M. D. or other)
Address 3309 E 12 Date signed 5-1-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Reese.

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. F. L. 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.