

No. 30
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5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12573
1718
Registrar's No.

Registration District No. 949

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
3201 East 26th St Ter. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community life
years, months or days (Specify whether)

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. 3201 East 26th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles F. GARGOTTA

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 Georgia Gargotta 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 31, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Produce merchant

11. Industry or business C&G Produce Co.

12. Name Anthony Gargotta

13. Birthplace Unknown Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Santa Clia

15. Birthplace Unknown Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Gargotta

(b) Address 3201 E. 26th St. Ter. K.C. Mo.

17. (a) Burial (b) Date thereof 4-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Mo.

19. (a) 4-20-48 (b) Cleraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1948 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 24, 1948
to April 18, 1948
and that death occurred on the date and hour stated above
that I last saw him alive on April 18, 1948

Immediate cause of death Carcinoma of Adrenal's Bilateral Duration 9 mo

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
550

Major findings: L.E. Schultz, M.D. Pathologist. Carcinoma of adrenal glands. Lung + Bronch Metastases, Multiple.

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Ruth Perry (M. D. or other) M.D.
Address 4500 E. 24 Date signed 4-18-48

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.....

Max W. Kirkendoll

Registered Apprentice No. *86*

working under my personal supervision.

Signed *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.