

National Office of Vital Statistics
FILED NOV 4 1948

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph
(d) Length of stay: In hospital or institution 42 years
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 632
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ANGELINA SANTAMARIA
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Baldassarre Santamaria 6. (c) Age of husband or wife if deceased 72 years
7. Birth date of deceased April 20 1883

8. AGE: 65 Years 5 Months 9 Days If less than one day

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

10. Usual occupation Housewife

11. Industry or business

12. Name Gustina Palatieri

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

14. Maiden name Rose Bonello

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

16. (a) Informant Gustina Santamaria
(b) Address 630
(c) Place: burial or cremation Mt. St. Mary's

17. (a) Burial, cremation, or removal (b) Date thereof 10-2-48
(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director A. Saladino
(b) Address 2117 Independence Blvd

19. (a) 10-1-48 (b) A. Saladino Holmes Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 9 year 1948 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 21 Sept 1948 to Sept 29 1948 that I last saw her alive on Sept 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Toxicemia 10 days
Due to Carcinoma of liver
Diabetes Mellitus
Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations 46 f
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature A. Saladino A. Saladino (M. D. or other)
Address 721 Rualto Date signed 10-1-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

MOTHER FATHER

Dr. G. Saladino
Rialto Bldg.
Vi 0286

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 J. S. 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.