

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5726
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 72 Cogen Hosp Registered No. 792
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Maria Vernoni 650
(a) Residence, No. 514 Charlotte St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Vernoni
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870
7. AGE YEARS 68 MONTHS unknown DAYS unknown If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
13. NAME John Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Tony Perry
514 Charlotte
18. BURIAL, CREMATION, OR REMOVAL PLACE Not St Mary's DATE 2-18 1938
19. FUNERAL DIRECTOR (ADDRESS) San Antonio Bros Funeral Home
1515 E. 7th
20. FILED 2716 1938 Jan. 22 know
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1938, to 2-15, 1938
I last saw her alive on 2-15, 1938 Death is said to have occurred on the date stated above, at 6:42 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Generalized Arterio Sclerosis
Other contributory causes of importance:
Generalized Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Clin. Judgment Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. F. De Maria M. D.
(Address) 72 Cogen Hosp

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)