

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

1030
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 1007 Registered No. 43
 (c) City K.C. Mo (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 1040 Louise Carollo
 (a) Residence, No. 539 Troost 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 — 11 11

OCCUPATION
 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) K. C. MO.

FATHER
 13. NAME Vincenzo Carollo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
 15. MAIDEN NAME Lena Mannino
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Mrs. Lena Carollo
 (ADDRESS) 539 Troost

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys Cem. DATE 1/6/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lapetina
536-38 Campbell St.

20. FILED Jan 29 1939 M. M. Crowl
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 27, 1938, to Jan 4, 1939
 I last saw her alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 3107A.
 The principal cause of death and related causes of importance were as follows:

Date of onset

I Bilateral Bronchopneumonia
II Right Pleurisy 92a

Other contributory causes of importance:
III Cardiac Disease
(a) Mitral Insufficiency
or Tachycardia
or Mild decompression

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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? No.
 If so, specify _____ (Signed) L. A. Wilson M. D.
 (Address) 306 E. 12th St., Kansas City, Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.