

REC'D JUL 10 1939

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

21190
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kane Primary Registration District No. 1002 Registered No. 2458
 (c) City Kansas City (d) Street No. Research Dr. St.
 (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 Thomas J. Pescia (Thomas J. Pescia)
 (a) Residence, No. Rt 3 Liberty Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Pescia
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1868
 7. AGE YEARS 71 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. on day
 10. Date deceased last worked at this occupation (month and year) 4 yrs ago 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 6 day Co, Mo
 FATHER 13. NAME Anthony Pescia 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 MOTHER 15. MAIDEN NAME Louise Barbier 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 17. INFORMANT (ADDRESS) Mr. Ida Pescia Rt 3 Liberty Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE June 17 1939
 19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co Liberty, Mo
 20. FILED June 14 1939 M. M. Cross Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1939, to June 15 1939
 I last saw him alive on June 15 1939. Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:
Ch. Nephritis (Necrosis) 131
 Date of onset with record
 Other contributory causes of importance: myocarditis + arteriosclerosis
 Name of operation Rob. Date of no
 What test confirmed diagnosis? no 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 no
 (Signed) Ernest F. Robinson M. D.
 (Address) 925 1/2 Pro. Bldg. Kansas City - Mo

(Licensed Embalmer's Statement on Reverse Side)

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

30A-7-50-37 1 X12004

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,, 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.)