DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42467

JAN 13 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4876

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community: 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Kansas (If outside city or town limits, write "RURAL")

(d) Street No.: 328 Olive St Kc Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: Joseph Costanza

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

6. (b) Name of husband or wife: Santina Costanza

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: April (Month) 29 (Day) 1908 (Year)

8. AGE: Years 31 | Months 7 | Days 27 | If less than one day — hr. — min.

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

10. Usual occupation: Labor

11. Industry or business:

MOTHER FATHER

12. Name: Joseph Costanza

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

14. Maiden name: Roger

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

16. (a) Informant's own signature: Angelo Costanza

(b) Address: Linden Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Dec 27 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. St Mary's Cemetery

18. (a) Signature of funeral director: Pasantino Bros

(b) Address: KC Mo

19. (a) Dec. 26, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1939. hour 7pm minute — M.

21. I hereby certify that I attended the deceased from Dec 21, 1939, 19__, to Dec 24, 19 39; that I last saw him alive on Dec 24, 19 39; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningitis - Purulent	2 weeks
Organism never isolated	
Due to: Grip	
Due to:	
Other conditions: Bact. Endocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: none
Of autopsy: yes -

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence: yes

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Douglas A. Jackson (M. D. or other)

Address: 1103 E Armour Date signed: 12-26-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr D. Jackson
1133 E Sumner
W 4193

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 Park Rowe

Licensed Embalmer No. 2347

P. O. Address 341 Indian K CN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.