

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

1452

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

437

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas  
(c) Name of hospital or institution: Vineyard Park Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 907 Highland  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cannara J. Carrella  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan, day 30  
year 1940 hour 1 minute 20 A. M.

4. Sex male  
5. Color or race Italy  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jennie Carrella  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Nov 27 1896

21. I hereby certify that I attended the deceased from Dec 2, 1938, to Jan 30, 1940  
that I last saw him alive on Jan 29, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 2 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage  
Duration 3-4 hrs

9. Birthplace Italy  
10. Usual occupation laborer

Due to 5 ft  
Due to Arteriosclerosis  
Other conditions of face - (Primary) N.M.I.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Carrella  
13. Birthplace Italy  
14. Maiden name Donna Maria  
15. Birthplace Italy

Major findings: Epulchrous  
Of operations Biopsy  
Of autopsy no

16. (a) Informant's own signature Jennie Carrella  
(b) Address 907 Highland  
17. (a) Burial (b) Date thereof Feb 1-40  
(c) Place: burial or cremation mt St Marys  
18. (a) Signature of funeral director Carantino Bros  
(b) Address KCMO  
19. (a) Jan 30 1940 (Registrar's signature)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury !  
23. Signature J. G. Keldner (M. D. or MD)  
Address 922 Walnut Date signed 1-30-40

WHILE FLAIN... USE UNFADING BLACK INK—MAKE 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.

*Dr. Shultz  
Comm. Pledge.*

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**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 Louisiana St. CMO.

**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.**