

APR 12 1940
399

Registration District No. _____

Primary Registration District No. _____

1002

Registrar's No. 1117

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wesley Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
 (Specify whether
 In this community 42 years
 years, months or days)

3. (a) PRINT FULL NAME Noreene Passiglia

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Chas. Passiglia 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased July 27 1897
 (Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Kansas City, Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John O'Connor13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Mrs. Kennedy15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Chas. Passiglia(b) Address 4214 Seavitt17. (a) Burial (b) Date thereof Mar-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah18. (a) Signature of funeral director Reg. Brantner(b) Address 150019. (a) Mch 11, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4214 Seavitt
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Mar
year 1940 hour 9 PM minute _____ M.21. I hereby certify that I attended the deceased from Jan 26, 1940 to Mar 8, 1940
that I last saw her alive on Mar 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Empyema of right
lung with necrosis
 Due to Influenza 1-8-40

Due to Influenza 110Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Gangrene
right lung
 Of autopsy no

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 _____
 (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?
no

While at work? no (Specify type of place) (e) Means of injury no23. Signature J F Mackey (M. D. or other) _____
Address Kansas City, Mo Date signed 2-9-40

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.