

APR 15 1940
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1673

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:
1047 E 4th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 yrs
years, months or days)

3. (a) PRINT FULL NAME CONCETTA SERNA 650

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph Serna
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 11 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Antonio Leanze

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

14. Maiden name Fortunata Scarvelia

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

16. (a) Informant's own signature Galtono Gerardo

(b) Address 1047 E 4th St

17. (a) burial (b) Date thereof 4/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director A. Sebeto

(b) Address 901 E 5th

19. (a) April 19, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1047 E 4th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1940 hour 7 minute 5 M.

21. I hereby certify that I attended the deceased from Nov. 1937 to 4/18 1940
that I last saw or alive on 4/17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 yrs.

Due to Chronic valvular heart disease with myocarditis

Due to (chronic) 9/1/40

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles White (M. D. or other) M.D.

Address 1107 Bryant Blvd Date signed 4/19/40

Duration
3 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically

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.

*In Charles White
By Reg E Snow*

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 *Reg E Snow*

Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

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.