

S. No. 2
-11-10-39
-5-17-40
-I X2152

JAN 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4829

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:
K. C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 hospital or institution 2 Mo. & 6 days
(Specify whether
In this community About 39 yrs.
years, months or days)

3. (a) PRINT FULL NAME DOMENICA COSENTINO

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

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

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive ab. 60 years

7. Birth date of deceased June 24 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Lawrence Cippola

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

14. Maiden name Kathrene Mongona

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

16. (a) Informant John Cosentino
(b) Address 5543 Elmwood

17. (a) Burial (b) Date thereof 12 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. Schmitt
(b) Address 901 E 5th

19. (a) 12-20-40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0 Missouri (b) County Jackson

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

(d) Street No. 5541 Elmwood
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
year 1940 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from Oct. 12th 1940 to Dec. 18th 1940, 19____
that I last saw h. er alive on Dec. 18th, 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Manic depressive psychosis with Exhaustion and Terminal broncho-

Due to pneumonia

Due to 10 to

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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?
3rd! (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Druey R. Shon (M. D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed _____

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Ray E Snow
Licensed Embalmer No. 20760
P. O. Address 1807 E 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.