

No. 2
-1-4-41
5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9795**
Registrar's No. **1204**

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

APR 15 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Lake Side Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **40 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sciacchitano Joseph Shockey**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Virginia Shockey**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **March 31 1859**
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **22**
If less than one day hr. min.

9. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Plumber**

11. Industry or business
MOTHER FATHER { 12. Name **Thos. Shockey Sciacchitano**
13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Joseph S. Shockey**
(b) Address **1532 Prospect Ave.**
17. (a) **burial** (b) Date thereof **Mar. 26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C. Mo.**
19. (a) **3/24/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1532 Prospect Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **23**
year **1941** hour **10** minute **38** P.M.
21. I hereby certify that I attended the deceased from **March 17th**, 1941, to **March 23**, 1941;
that I last saw him alive on **March 23**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza** **10 days**
Due to _____
Due to _____
Other conditions **Senility**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **George V. Rhodes** (M. D. or other) **D.O.**
Address **3010 Harrison Kansas City, Mo.** Date signed **Mar. 24, 41**

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.....

Chas Wilks

Licensed Embalmer No.

2644

P. O. Address.....

1800 Linwood

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; fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS.

State File No. _____
Local Registrar's No. 1204

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of March, 1941, before me appears Joe S

Shockey, who, upon his oath, states that the original record of ^{birth} death
for Joseph Sciacchitano, died 3-23, 1941, in the State of
Sciacchitano, born 3/24, 1941, Missouri, and which was filed at K 6, should be corrected as follows:

Item No. 3 should read Joseph Sciacchitano (Sciacchitano)

Instead of

Item No. 12 should read Thomas Sciacchitano

Instead of

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dr Joseph P Shockey, Sr
Relationship son

1532 Prosper
Present Address.

Subscribed and sworn to before me this 28 day of March, 1941

My Commission expires 9/27/43 Margaret M. Crowe Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9795