No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20919

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2449

048

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

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 No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mos. & 4 days (Specify whether

In this community About 2 Yrs. years, months or days)

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. K.C.General Hospital No.1 Helping Hand (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andrea Pacitti

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecelia Pacitti

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. (Month) 14 (Day) 1886 (Year)

8. AGE: Years 54 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Switchman

11. Industry or business

FATHER
12. Name Nicholas Pacitti
13. Birthplace unknown (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Mary Baker
15. Birthplace unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Cecelia Pacitti

(b) Address 17 N 16 K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director H.D. Daniels

(b) Address 1536 Minn. K.C.K.

19. (a) 6/27/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-22-41, 19__, to 6-26-41, 19__; that I last saw him alive on 6-26-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Primary bronchogenic carcinoma with metastases to ribs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47c

Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Drury R. Thorn (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed 6-27-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3965

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.