. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5133

State File No. .....

FILED MAR 5 1943

Registration District No. .....

Primary Registration District No. 1002

Registrar's No. 736

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:
321 Park Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

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. 2219 Elma
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

48
36
8

3. (a) PRINT FULL NAME Petrina Dispensa

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 10 (Month) 1870 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	1	hr. ..... min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Jack Arnone
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Rosalia
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs Dominic Maggio
(b) Address 321 Park Ave.

17. (a) Buiral (Burial, cremation, or removal) (b) Date thereof Feb. 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director Passantino Bros.
(b) Address Kansas City Mo.

19. (a) 2/13/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1943 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 9, 1943, to Feb 11, 1943, that I last saw him alive on Feb 10, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia	3 days
Due to Arterial hyper-tension	
Due to Chronic nephritis	
Diabetes	
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations no
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature A. Saladino (M. D. or other)
Address 721 Rialto Bldg Date signed 2/14/43

(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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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

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