

S. No. 2
M-8-43
P. 5-17-39
I X37823

1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC JUL 3 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2643

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: Mercy Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: 2 yrs 1 1/2 months hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 771 Park 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROSA LYN CIPOLLA

(b) If veteran, name, war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day June
year 1945 hour 11:45 a.m. or p.m. a.m.

21. I hereby certify that I attended the deceased from 6-21-45 to 6-21-45

that I last saw her alive on 6-21-45 and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Female 5. Color W 6. (a) 0 single, 0 widowed, 0 married, 0 divorced, Child

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

7. Birth date of deceased July 4-1944
(Month) (Day) (Year)

Duration _____

Due to Pneumonia

Due to _____

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

8. AGE: Years 0 Months 11 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation child

Major findings: 107

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Augustino Cipolla

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

14. Maiden name Hellie Mastas

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

16. (a) Informant Augustino Cipolla
(b) Address 771 Park

17. (a) Burial (b) Date thereof 6-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director H. M. Wilkey
(b) Address 1624 Pryor Bldg

19. (a) 6-22-45 (b) Heraldine Helmer
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

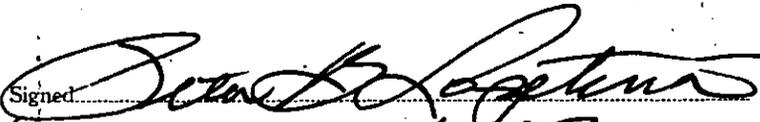
23. Signature H. M. Wilkey (M. D. or other) 0
Address 1624 Pryor Bldg Date signed _____

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

18
708
4

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. 44273

P. O. Address. 15210

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.