

FILED JUN 3 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2298

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

48
3
8

1. PLACE OF DEATH: Jackson

(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: 500 Park
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Jackson

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

(d) Street No. 500 Park
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francesca Chiappetta

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 19 to May 21, 1946
that I last saw her alive on May 21 A.M., 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife... Anthony Chiappetta

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased... Nov 25 1881
(Month) (Day) (Year)

Immediate cause of death... Coxsackie Duration 1 day

Due to Acute Broncho-pneumonia 3 days

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

8. AGE: Years 64 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation House wife

Major findings: Of operations... 107

Of autopsy _____

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

MOTHER FATHER

12. Name Giuseppe Conzelososa

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

14. Maiden name Doroteo Accardi

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

16. (a) Informant Anthony Chiappetta

(b) Address 590 Park av.

17. (a) Burial (b) Date thereof May 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabryr Lundy R.C.M.

18. (a) Signature of funeral director Passerino Bros

(b) Address 1 C Mo

19. (a) 5-23-46 (b) Stearline Holmes
(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? _____

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

23. Signature D. Sokadino (M. D. or _____)

Address 721 Rialto Bldg Date signed 5/23/46

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.....

J. S. Walton

Licensed Embalmer No.....

2744

P. O. Address.....

D. C. 2nd

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.