

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36952
Registrar's No. 11932

FILED NOV 25 1948
149

Registration District No. 149 Primary Registration District No. 1002

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 St Josephy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
In this community about 5 yrs
(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. 541 Tracy Ave
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Ferrara
3. (b) If veteran, name war no 3. (c) Social Security Do not know

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9 year 1946 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from Pathologist, 19 , that I last saw him alive on , 19 , 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 Charles 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 7-15-1884
(Month) (Day) (Year)

Immediate cause of death Generalized Convulsions
Cerebral Convulsions
the ascending Colon
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy above

8. AGE: Years 62 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Antonino Vaiana 13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Antonetta Maccadazzo 15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Elias Ferrara (b) Address 541 Tracy Ave

17. (a) Burial (b) Date thereof Nov 13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St Marys

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

19. (a) 11-1-46 (Date received local registrar) (b) Geraldine Holmes (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?
(Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address St Joseph Hosp Date signed 10 Nov 46

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

35772

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

K. C. Mo.

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.