

No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5019

State File No. \_\_\_\_\_

FILED FEB 24 1947  
199

Registrar's No. 618

Registration District No. \_\_\_\_\_

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:  
2921 Victor Kansas City, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 1 years  
(Specify whether 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. 2921 Victor  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter E. PORTA

3. (b) If veteran, name war No

3. (c) Social Security No. 491-09-2869

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7-5-46 to death, 19\_\_\_\_, that I last saw him alive on 2-7-47 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rosa Porta

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

7. Birth date of deceased October 19th, 1875  
(Month) (Day) (Year)

Immediate cause of death Coronary Artery Disease

Duration 2 days

Due to Coronary Artery Disease

8. AGE: Years 71 Months 3 Days 20  
If less than one day hr. min.

Due to \_\_\_\_\_

Other conditions 940  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Tailor

11. Industry or business Rothchilds (Plaza Store)

Major findings: 940

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Unknown Porta

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Cecil E. Reno

(b) Address 2921 Victor K.C. Mo.

17. (a) Burial (b) Date thereof 2-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet St. Joseph, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd K.C. Mo.

23. Signature R. E. Holmes (M. D. or other) \_\_\_\_\_

Address W. K. E. Mo. Date signed 2/10/47

19. (a) 2-10-47 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

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

JUL 27 1949

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 *Edw. E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.