

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2014

Registration District No. 149 Primary Registration District No. 1002

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

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:
GEN. HOSP #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 MIN.
(Specify whether years, months or days) several days

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County LEAVENWORTH
(c) City or town LEAVENWORTH
(If outside city or town limits, write "RURAL")
(d) Street No. 525 1/2 Cherokee St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA PICHEL
3. (b) If veteran, name war NO. 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th year 1947 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 6 19 47 to (first time we saw) that I last saw her alive on May 6, 19 47; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Tony Pichel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30, 1872
(Month) (Day) (Year)

Due to Contributory cause: hyper-tension, diabetes and congestive heart failure.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations U1
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 74 Months 11 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Pedretti

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Virginia M. Finneran

(b) Address 2724 Gillham Road

17. (a) Removal (b) Date thereof 5-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEAVENWORTH, MO.

18. (a) Signature of funeral director O'DUNNELL FALCENAPEL
(b) Address LEAVENWORTH, 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? _____
23. Signature Ernest J. ... (M. D. or other) _____
Address 820 Professional Bldg. Date signed 5/7/47
While at work _____ (Specify type of place) (e) Means of injury _____

19. (a) 5-7-47 (b) Ernestine Holmes
(Date received local registrar) (Registrar's signature)

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.....

P. O. Address.....

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.