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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12382

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1756

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town KC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 517 Gillis 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town KC 3
(If outside city or town limits, write "RURAL")
(d) Street No. 517 Gillis 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANTONINA (LENA) AFFRONTI

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex F1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Antonio

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

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

8. AGE: Years 66 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Leonardo Fradello
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sundena
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Judie School
(b) Address 517 Gillis

17. (a) Burial (b) Date thereof 4/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys

18. (a) Signature of funeral director Sebbetos
(b) Address City

19. (a) 4-22-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1948 hour 5 30 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 10th 1943 to April 19th 1948
that I last saw her alive on April 19th 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	20 hours
Due to Hypertension Chronic nephritis	5 years
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations — 131a	
Of autopsy —	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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)
While at work? — (e) Means of injury —

23. Signature Joseph Getelson (M. D. or other) M.D.
Address 1219 Realto Bldg Date signed 4-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E Snow

Licensed Embalmer No. 2560

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.