

FILED DEC 4 1948

State File No.

4543

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: KANSAS CITY CONVALESCENT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS 6 MOS
(Specify whether years, months or days) 29 YEARS

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 OLIVE STREET
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME MRS. JOSEPHINE MARIE GENOVA

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. PETER GENOVA 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased MARCH 18 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7th
year 1948 hour 12 minute 25 P. M.
21. I hereby certify that I attended the deceased from 10 27 48 to 11-7 1948
that I last saw her alive on 11-7-48
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to
Due to

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

8. AGE: Years 68 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business AT HOME

12. Name SANTO SEVERINO
13. Birthplace PALERMO ITALY
(City, town, or county) (State or foreign country)
14. Maiden name TARESA SERINO
15. Birthplace PALERMO ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Teresa Whitsett
(b) Address 2921 Olive Street
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-10-48
(Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETARY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-8-48 (Date received local registrar) (b) Steraldine 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?

D. M. Nigro (Specify type of place) While at work? (c) Means of injury
23. Signature D. M. Nigro (D. or other)
Address 925 Argyle Date signed

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

MOTHER FATHER

921
2,
Original copy

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 Jess T. News
Licensed Embalmer No. 443-3
P. O. Address 75 Kansas City

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.