

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1067

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>344</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>718 Brooklyn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>718 Brooklyn</u>				d. STREET ADDRESS (If rural, give location) <u>718 Brooklyn</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincentza</u>			b. (Middle) _____		c. (Last) <u>Colombo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-11-1887</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Antonio Migliore</u>			13b. MOTHER'S MAIDEN NAME <u>Giovanna Mangia</u>		14. NAME OF HUSBAND OR WIFE <u>Angelo Colombo</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Angelo Colombo 718 Brooklyn</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u> <i>Death does not mean mode of dying, such as heart failure, asphyxia, etc. means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u> <u>4 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 2</u> , 19 <u>47</u> , to <u>Jan 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>51</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>John K. Caldwell</u>				23b. ADDRESS <u>306 E 12 St.</u> <u>Kansas City, Mo</u>			23c. DATE SIGNED <u>1/25/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood D's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>			
DATE REC'D BY LOCAL REG. <u>1-25-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Passantino Bros KC MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2244

P. O. Address K. C. W. D.

**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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 1067/51  
Local Registrar's No. 384-51

State of Missouri  
County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of February, 1951, before me appears Antoinette Colombo, who, upon her oath, states that the original record of ~~birth~~ death for Vincenza Colombo died 1-23-1951, in the State of Missouri, and which was filed at K.C. Mo on 1-25, 1951, should be corrected as follows:

- Item No. 13a should read antonio migliore  
Instead of antonio migliore
- Item No. 13b should read Giovanna Marilla  
Instead of Giovanna Mangio
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Antoinette Colombo  
718 Brooklyn K.C. Mo  
Present Address

Subscribed and sworn to before me this 24th day of February, 1951

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

