

REC'D JUL 12 1938 - 2 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21042  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township 1st and Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 15th & North Main Registered No. 2492  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LETA DiMAGGIO  
 (a) Residence, No. 1317 Madison St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vincent Di Maggio  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 - 1918  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown  
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME H. J. Madure  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MIDDLE NAME Rose Kelly Day  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Records Clerk, S. C. Gen. Hoop.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn P.C. Co. DATE June 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Capetina

20. FILED June 21, 1938 Mr. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-38 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19... to Deputy Coroner, 19... I last saw Deputy Coroner, 19... Death is said to have occurred on the date stated above, at 11 P.M. m.  
 The principal cause of death and related causes of importance were as follows:

Infected Abdomen  
Embolism  
Acute Peritonitis 1938  
 Date of onset

Other contributory causes of importance:

Name of operation Pulm Date of 6-19-38  
 What test confirmed diagnosis Pulm Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 6-19-38, 19...

Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify None  
 (Signed) Franklin B. Brown, M. D.  
 (Address) 1212

N. B. -- Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1003

THIS IS A PERMANENT RECORD

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**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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson SS.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2492

On this 10th day of Dec, 194<sup>3</sup>, before me appears Rose Mc Intyre, who, upon her oath, states that the original record of ~~birth~~ death for Lela De Maggio died 6-19, 19<sup>38</sup>, in the State of Missouri, and which was filed at BC on 6-21, 19<sup>38</sup>, should be corrected as follows:

- Item No. 2 should read Lela De Maggio  
Instead of Lela Di Maggio
- 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 Rose W. Mc Intyre Mother  
Relationship.

1321 Indiana, K. C. Mo.  
Present Address.

Subscribed and sworn to before me this 10th day of Dec, 194<sup>3</sup>

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

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

S-21042