

REG'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31248  
Do not use this space.

1. PLACE OF DEATH

(a) County **Jackson**  
(b) Township **Kaw**  
(c) City **Kansas City**  
(e) Length of residence in city or town where death occurred

Registration District No. **399**  
Primary Registration District No. **1007**  
(d) Street No. **St. Joseph Hospital**  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **3545**

2. PRINT FULL NAME **Infant Piancenza**

(a) Residence, No. **549 Campbell** St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 8**, 19**38**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from **Sept 7**, 19**38**, to **Sept 8**, 19**38**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7, 1938**

I last saw him alive on **Sept 5**, 19**38** Death is said to have occurred on the date stated above, at **12:30** p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **14**

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

**Premature Birth**  
**7 1/2 month gestation**  
**expected Oct 27, 1939**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **K.C.Mo.**

Other contributory causes of importance:

FATHER 13. NAME **Joe Piancenza**

Name of operation Date of  
What test confirmed diagnosis **Autopsy** Was there an autopsy? **Yes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME **Mary DiMaggio**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N.Y.**

17. INFORMANT (ADDRESS) **Joe Piancenza**  
**549 Campbell**

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mary Cem.** DATE **9, 9, 1938**

24. Was disease or injury in any way related to occupation of deceased? **No**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Peter B. Lapetina**  
**Kansas City, Mo.**

If so, specify (Signed) **C. J. McCornick**, M. D.

20. FILED **Sept 9, 1938** **M. M. Brown**  
Local Registrar.

(Address) **2607 East 13**  
**Jackson City**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.**