

NOV 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34821  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 300  
(b) Township                      Primary Registration District No. 1002 Registered No. 4157  
(c) City Kansas City (d) Street No. Vineyard Park Hosp St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Mrs. Minnie Fisetto

(a) Residence, No. 3500 Shawnee Rd. Kansas City, K. Kansas City Kans.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rush Fisetto  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 6 II

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyandotte Co. Kansas

FATHER 13. NAME John R. Matney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Missouri Matney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) John R. Fisetto 3500 Shawnee Rd. K.C. Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Oct. 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Simmons & Son 1404 So 37th St K.C. Mo.

20. FILED 10-25-38 M. M. Crove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1938

22. HEREBY CERTIFY, That I attended deceased from Oct 21 1938 to Oct 23 1938  
I last saw him alive on Oct 23 1938 Death is said to have occurred on the date stated above, at 7:30 p.  
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (Strangulated Umbilical Hernia)  
Date of onset 10-21-38

Other contributory causes of importance: Gallstones 1937-

Name of operation Tomy Date of 10-21-38  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify...  
(Signed) [Signature] M. D.  
(Address) [Address]

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.

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....  
L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**