

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

34878
Do not use this space.

1. PLACE OF DEATH **NOV 21 1938**
 (a) County **Jackson** Registration District No. **399**
 (b) Township **Kaw** Primary Registration District No. **1004**
 (c) City **Kansas** (d) Street No. **3332 Woodland** 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 **Mamie E. LaMantia**
 (a) Residence, No. **3332 Woodland** 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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1899				
7. AGE YEARS 39	MONTHS I	DAYS 18	If LESS than 1 day, hrs. or min.	
OCCUPATION	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. School teacher			
	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) St. Joseph Mo.				
FATHER	13. NAME Lawrence LaMantia			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy			
MOTHER	15. MAIDEN NAME Rosalia Pusateri			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy			
17. INFORMANT (ADDRESS) Lawrence LaMantia 3332 Woodland				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery Oct. 29, 1938				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lapetina Kansas City, Mo.				
20. FILED Oct. 28 1938 M. M. Crome Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1938	
22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1938 to Oct 26 1938 I last saw her alive on Oct 26 1938 . Death is said to have occurred on the date stated above, at 10:52 a.m. The principal cause of death and related causes of importance were as follows: Terminal Pneumonia Pulmonary Embolism 93 J Date of onset 10-25-38	
Other contributory causes of importance: Hypertensive Myocarditis Left Ventricular Failure. Date of onset _____	
Name of operation none Date of _____ What test confirmed diagnosis? Autopsy . Was there an autopsy? Yes	
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? No If so, specify Louis Scarpetino M. D. (Signed) BY A. J. K. Ellis (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 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.