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.

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

38130
Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kam Primary Registration District No. 1002 Registered No. 4364
(c) City Kansas (d) Street No. 1105 Mo Ave 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 525 John Ancona
(a) Residence, No. 1105 Mo Ave 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Ancona
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 1859
7. AGE: YEARS 79 MONTHS — DAYS — 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. Retired
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): Italy 7

FATHER
13. NAME: Sam Ancona
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy 7

MOTHER
15. MAIDEN NAME: Anna Viarno
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy 7

17. INFORMANT (ADDRESS): Jack Ancona 400 Wabash
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary DATE Nov 11-38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Passantino Bros KC Mo
20. FILED Nov 9, 1938 M. M. Gowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7-, 1938, to Nov 8th, 1938
I last saw him alive on Nov 8th, 1938. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acities	10/1938
95 B	
Other contributory causes of importance: Cardiac Asthma	2 yrs

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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) R B Bishop M D
(Address) BKCK- 528 Ridge Bldg

(Licensed Embalmer's Statement on Reverse Side)

913 Main Bridge Bldg
at 1-O'Clock

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.