

DEC 4 1938

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

38420
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St Joseph Hospital Registered No. 4654
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

(a) Residence, No. 510 Peter Genova 705 E. 72nd St 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 Josephine Genova

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 68 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Produce
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant Retail
 10. Date deceased last worked at this occupation (month and year) 9.33 11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palermo Italy

FATHER 13. NAME Salvatore Genova

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palermo Italy

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palermo Italy

17. INFORMANT Salvatore Genova (ADDRESS) 5131 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. M. McComber's Son 13 Birchcreek + Paes

20. FILED Nov 30, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1938, to 11-28, 1938
 I last saw him alive on 11-28, 1938 Death is said to have occurred on the date stated above, at 9:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Acute Coronary occlusion
Chronic Myocardial Hypertension
 Date of onset 11-24

Name of operation None Date of None

What test confirmed diagnosis Phys Exam 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? No
 If so, specify _____

(Signed) A. Morris Gueter, M. D.
 (Address) 420 Pry St

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.

4-10

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 *Lawrence Carr*

Licensed Embalmer No. *4031*

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.