

REC'D JAN 13 1939

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

41799

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399
(b) Township Kan / Primary Registration District No. 1002
(c) City Kansas / (d) Street No. Trinity Hospital Registered No. 4865
(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

235 Rose Costanzo
(a) Residence, No. 129 Olive 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dominick Costanzo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15-1887</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>3</u>	DAYS <u>27</u>
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. <u>Housewife</u>	
	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) <u>Italy</u> /		
FATHER	13. NAME <u>Pete Furgramio</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> /	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> /	
17. INFORMANT (ADDRESS) <u>Pete Costanzo</u> <u>129 Olive</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt St Mary</u> DATE <u>Dec: 14 -38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Parantrio Bro</u> <u>K C Mo</u>		
20. FILED <u>Dec 13, 1938</u> <u>M. M. Corbett</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12 10, 1938, to 10 11, 1938.
I last saw h..... alive on 12 11, 1938. Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
It has been proved
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
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) City

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.