

REG'D MAR 9 1939

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

5243
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kanaw Primary Registration District No. 1002 Registered No. 442
 (c) City Kansas (d) Street No. 414 North Denver 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

(a) Residence, No. 200 Joe Piacquadio St. (If nonresident, give city or town and State)
414 N Denver (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Piacquadio
 6. DATE OF BIRTH (MONTH, DAY, YEAR) March 1861
 7. AGE YEARS 78 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 Theater
 10. Date deceased last worked at this occupation (month and year) own 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 FATHER 13. NAME Joseph Piacquadio
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 MOTHER 15. MAIDEN NAME Do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mrs Gene Adams
905 E 42nd St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Feb. 14 - 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parantino Bros
15 amon city mo
 20. FILED 2 19 39 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-39 19
 22. I HEREBY CERTIFY, That I attended deceased from Dr. Robert Carson to 7:00 PM, 19
 I last saw him alive on the date stated above, at 7:00 PM.
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis Date of onset
Chronic myocardial fibrillatio
Acute pulmonary edema 131
 Other contributory causes of importance:
Chronic vascular nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) Robert H. Curtis M. D.
 (Address) Gen Hosp. K-C Mo

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.