

DEC 17 1939

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

9432
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007
(c) City Kansas City Mo. (d) Street No. St. Lukes Hosp. 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 Theresa Nigro

(a) Residence, No. 512 Troost 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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

FATHER 13. NAME Anthony Sordentino

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

MOTHER 15. MAIDEN NAME Juannina Casino

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

17. INFORMANT Peter B. Lapetina
(ADDRESS) 538 Campbell K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 3-8-39

19. FUNERAL DIRECTOR (NAME) Peter B. Lapetina
(ADDRESS) 538 Campbell St. K.C. Mo.

20. FILED Mon 7, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1939, to Mar 6 1939
I last saw her alive on March 5 1939. Death is said to have occurred on the date stated above, at 3:35 a. m.
The principal cause of death and related causes of importance were as follows:

Arterial hypertension
Hypertrophy & dilatation of heart
95B
Other contributory causes of importance:
Influenza
Generalized anasarca

Date of onset Several yrs.
At last since Jan/1938
Feb 20, 1939
Aug 6, 1938

Name of operation None 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? No
If so, specify _____
(Signed) James H. Dangle, M. D.
(Address) 315 Alameda Road
K. C. Mo.

WRITE PLAINLY, WITH OR PADDING INK---THIS IS A PERMANENT RECORD
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.