

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

24549
Do not use this space.

1. PLACE OF DEATH REC'D AUG 27 1939 2

(a) County Jackson Registration District No. 399

(b) Township Kanaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 2224 Roberts Registered No. 2762

(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 Vita Destefano (Vita Destefano)

(a) Residence, No. 3224 Roberts 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Michael Destefano

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

7. AGE YEARS 78 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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 Filippo Impenna

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Destefano

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. Sebeto
901 E. 5th St.

20. FILED July 10, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3 1939 to July 8 1939

I last saw her alive on July 8 1939. Death is said to have occurred on the date stated above, at 7:30 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Date of onset 7-3-39

Other contributory causes of importance: Cold.

Name of operation none Date of clinical findings

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. h

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) D. M. Negro M. D.

(Address) 525 Argyle Bldg., Kansas City

WRITE PERMANENTLY, WITH UNFADING 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.