NOV 14 1939

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

34951
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3926
(c) City Kansas — (d) Street No. St Joseph Hospital 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 623 Mrs Santa Gargotta
(a) Residence, No. 307 Oak 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: 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: Anthony Gargotta
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1871 — Unk
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.
9. Industry or business in which work was done, as saw mill, bank, etc.: Home
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: Elias Scalia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Edith Reia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Anthony Gargotta 307 Oak St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary's DATE Oct. 12-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): ~~[illegible]~~ Passantino Bros KCMo
20. FILED 10-11, 1939 [signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1939, to Oct 9, 1939
I last saw her alive on Oct 8, 1939. Death is said to have occurred on the date stated above, at 6P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acidosis | Oct 8-39 |
| 59 | |
| Other contributory causes of importance: Diabetes mellitus — arterial hypertension | — |

Name of operation: No — Date of
What test confirmed diagnosis? Laboratory clinic — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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: No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Anthony Saladino M. D.
(Address) 721 Rialto Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

I X14028

Ralto Bldg.
7/14

**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, Park G. Rowe, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Park G. Rowe

Licensed Embalmer No. 7347

P. O. Address K. C. Mo.

**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.**