

NOV 20 1939

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

35550
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85

(b) Township St Joseph Primary Registration District No. 1001

(c) City St Joseph (d) Street No. 2706 Olive 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 JULIA VENITTA COMELLO

(a) Residence, No. 2706 Olive St. (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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15 19 1891

7. AGE YEARS 48 MONTHS 9 DAYS 3 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) OKLA.

FATHER 13. NAME Lorenzo Hicks 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER 15. MAIDEN NAME Elvira Powell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) PETER COMELLO 2706 Olive St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL Park DATE Oct. 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED Oct. 20 1939 A. J. Nestlebrook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to Oct 18, 1939

I last saw him alive on Oct 18, 1939 Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Carcinoma of Uterus

Date of onset unknown

Other contributory causes of importance: none

Name of operation Rapportomy Date of April 24-35

What test confirmed diagnosis? Saltatory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 1939

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) Gustav A. Long M. D. (Address) North Main Blk, St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph, 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.