

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FILED JUL 15 1940

1002

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kear
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Econley Clinical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kear
(If outside city or town limits, write "RURAL")
(d) Street No. 714 Garfield Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Josephine Giamalva
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 18 year 1940 hour 7 minute 30 A.M.

4. Sex Female 5. Color or race Italian
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joe Giamalva 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-21 Jan 21st, 1941, to June 17th, 1940 that I last saw her alive on June 17th, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months — Days — If less than one day hr. _____ min. _____

Immediate cause of death Hypostatic Pneumonia
Due to Lobar Pneumonia

9. Birthplace Italy (City, town, or county) (State or foreign country) 7

Due to 108

10. Usual occupation Home 7

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Massia Forendalfer
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Nardina Pi maggio
15. Birthplace Italy (City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy _____

16. (a) Informant's own signature Francesco Giamalva
(b) Address 714 Garfield

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Buried (b) Date thereof June 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT St Marys

While at work? _____ (Specify type of place) (e) Means of injury ?

18. (a) Signature of funeral director Parmentier Bros
(b) Address 15 C Mo

23. Signature A. E. Scardino (M. D. or other) D.O.
Address 2603 Ridge Blvd Date signed 6-18-40

19. (a) June 19, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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.....

Park G. Rowe

Licensed Embalmer No. *2347*

P. O. Address *T. E. Mc*

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.