

D. 2
13-40
7-39
X23159

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30927
3490
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan
(c) Name of hospital or institution: 633 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 633 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Leboria Gargotta
(b) If veteran, Leboria Gargotta Social Security name war. No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4
year 1940 hour 7 minute 10 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leo Gargotta 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 7-8-1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1939 to Sept 4, 1940
that I last saw her alive on Sept, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 1 Days 24 If less than one day
hr. min.

Immediate cause of death Coronary thrombosis
Duration 1.4 hr

9. Birthplace Italy (City, town, or county) (State or foreign country) 7
10. Usual occupation Housewife 7

Due to _____
Due to 50

MOTHER FATHER { 11. Industry or business _____
12. Name Chas Scallia 7
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Aditha Pica
15. Birthplace Italy (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Rosa Gargotta
(b) Address 633 Garfield
17. (a) Burial (b) Date thereof Sept 7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's
18. (a) Signature of funeral director Perceval Ross
(b) Address 14th St
19. (a) Sept. 6, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
While at work? (Specify type of place) (e) Means of injury _____
23. Signature Perceval Ross (M. D. or other)
Address 73rd Ave Date signed 9/5/40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Park Neil
Angel Pledge

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 Rowe

Licensed Embalmer No. 2347

P. O. Address KCMO

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, fact should be so stated above.