No. 2
-13-40
17-39
X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1226

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 186

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Missouri 3 8
(If outside city or town limits, write "RURAL")
(d) Street No. 425 S Montgall 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Rose Pernice
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 3 1939 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	7	8	hr. min.

9. Birthplace Kansas City MO 0 (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Phillip Pernice
13. Birthplace Italy 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lenda Grazia
15. Birthplace Brownworth Texas 1 (City, town, or county) (State or foreign country)
16. (a) Informant Phillip Pernice
(b) Address 425 South Monqual
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery
18. (a) Signature of funeral director Bassantino Bros
(b) Address K C Mo
19. (a) Jan 13 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1941 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan. 9, 1941, to Jan. 11, 1941; that I last saw her alive on Jan 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory Collapse	
Due to Bronchopneumonia Otitis media	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address 315 Alameda Rd Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.