

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5860  
632

State File No.:

Registrar's No.:

REGD MAR 14 1941  
Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 810 Benton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME JENNIE PITASSI

3. (b) If veteran, name war: — 3. (c) Social Security No. —

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bio Pitassi 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept 28 1913  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace Kansas City, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Antonio Distassio

13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Daleo

15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Bio Pitassi  
(b) Address 810 Benton

17. (a) Burial (b) Date thereof 2/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director John D. [Signature]  
(b) Address K C Mo

19. (a) 2/12/41 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 4

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 810 Benton (If rural, give location)

(e) If foreign born, how long in U. S. A.? 27 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11  
year 1941 hour 7 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-16, 1941, to 2-11, 1941;  
that I last saw her alive on 2-10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar

Due to Infection contracted sometime about

Due to middle of January

Other conditions il  
(Include pregnancy within 3 months of death) 100 6

Major findings:  
Of operations None 100  
Of autopsy None

Duration

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? no (Specify type of place) (e) Means of injury no

23. Signature George V. [Signature] (M. D. number) \_\_\_\_\_  
Address 702 professional Date signed 2-12-41

**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:.....

*John B. Lapetina*

Licensed Embalmer No. *3754*

P. O. Address *KC 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, fact should be so stated above.**