

Registration District No. **399** Primary Registration District No. **1007**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **10 days**
(Specify whether
in this community **30 years**
years, months or days)

3. (a) PRINT FULL NAME **Rose Roppolo**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Rosario Roppolo** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Dec 26 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	3	29	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **none**

12. Name **Luciano Meistrato**

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

14. Maiden name **Angelina Catalano**

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

16. (a) Informant **Sam Stallone**

(b) Address **327 Maple**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 28-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **St Marys**

18. (a) Signature of funeral director **Parantub**

(b) Address **12 C St**

19. (a) **Apr. 27 1941** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **327 Maple** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25th**
year **1941** hour **12** minute **10** P. M.

21. I hereby certify that I attended the deceased from **4-15-41** to **4-25-41**
that I last saw her alive on **4-25-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Corrhosis of liver with bleeding oe-**
sophageal varices

Due to **Diabetes mellitus**

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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) (a) Means of injury **0**

23. Signature **Way R. Shore** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed **4-28-41**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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 M D

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.