

No. 2
-1-4-41
5-17-39
I X26390

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17292
State File No. 2054
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 Forest Ave 3rd Floor North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No 611 Forest Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 3 minute 50 a. m.
21. I hereby certify that I attended the deceased from May 10
1941 to May 26 1941
that I last saw him alive on May 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction
Due to Coronary Arteriosclerosis
Other conditions
92 B
92 A

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Grace Caldarella

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Nov. 11 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day 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 Domnick Caldarella

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

14. Maiden name Do Not Know

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

16. (a) Informant Domnick Caldarella

(b) Address 611 Forest Ave

17. (a) Burial (b) Date thereof May 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director. Passantino Bros.

(b) Address K. C. Mo.

19. (a) May 26 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 Carol Jackson (M. D. or other) Ma
Address 1103 E. 11th Date signed 7/24

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

MOTHER FATHER

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 H. Rowe*.....

Licensed Embalmer No. *2347*.....

P. O. Address *15, C. 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.