

STANDARD CERTIFICATE OF DEATH

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: A.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 13 1/2 years, months or days) a

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. 700 Prospect (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH COLETTI

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. Single

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

7. Birth date of deceased July 22 1927 (Month) (Day) (Year)

8. AGE: Years 13 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation SCHOOL

11. Industry or business none

12. Name Sebastian Colletti

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

14. Maiden name Virginia Lusumano

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

16. (a) Informant Sebastian Colletti

(b) Address 200 Prospect Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Passantino Porros

(b) Address K.C. Mo

19. (a) 6/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1941 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 6-18-41 19\_\_\_\_ to 6-19-41 19\_\_\_\_ that I last saw h. er. alive on 6-19-41 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALITIS, TYPE UNDETERMINED AS YET PENDING FURTHER LABORATORY WORK.

Due to 800  
Other conditions n. n. o (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy See above

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 William R. Shown (M. D. or other) 6-20-41  
Address Med. Dir. K.C. Gen. Hospital K.C. Mo Date signed \_\_\_\_\_

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

048

X26390

FILED JUL 7 1941

1941

048

3

8

(Yes or No)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Rd*

**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.**