

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: General Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 18 days  
(Specify whether years, months or days)

In this community: 35 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 39  
(If outside city or town limits, write "RURAL")

(d) Street No.: 514 Harrison 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 35 yrs years.

3. (a) PRINT FULL NAME: Monestera Michale

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: Married

6. (b) Name of husband or wife: Gietano

6. (c) Age of husband or wife if alive: Unk years

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: Years: 73

Months: --	Days: --	If less than one day: hr. min.
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9. Birthplace: Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

12. Name: Francesco Pecora

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

14. Maiden name: Maria Carmelo

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

16. (a) Informant: Gietano Monestera

(b) Address: 514 Harrison

17. (a) burial  
(Burial, cremation, or removal) (b) Date thereof: 9/30/41  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: SEBBERO'S

(b) Address: 901 E 5th St, K., C., Mo

19. (a) 9/29/41  
(Date received local registrar) (b) M. M. Crown  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. 28 day  
year: 1941 hour: 12 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 11, 1941 to Sept. 28, 1941, that I last saw her alive on September 28th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: 400  
(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) (e) Means of injury

23. Signature: Dr. J. P. Shaw (M.D. or other) U  
Address: Med. Dir. K. Gen. Hospital Date signed: 9-29-41

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 Ray E. Snow  
Licensed Embalmer No. 2560  
P. O. Address 1807 E 29th

**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.