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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37501

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

Registrar's No. 4296

**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: 512 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 512 Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LILLIAN IMPERIALE

3. (b) If veteran, name war .....

3. (c) Social Security No. 487-01-2148

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benny

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct (Month) 25 (Day) 1913 (Year)

8. AGE: Years 28 | Months | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Pete Dragna
13. Birthplace ..... (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Josephine Franchovillia
15. Birthplace ..... (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mrs D. Badami

(b) Address 511 Campbell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/21/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director SEBBETO'S

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

19. (a) 11-19-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 17th year 1941 hour 8.45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 3-1941 ....., 19....., to Nov 17, 1941; that I last saw her alive on Nov 17, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Broncho-pneumonia | 10 days |
| Due to 107 - | |
| Due to | |
| Other conditions Pemphigus: (Include pregnancy within 3 months of death) | 1 1/2 yrs |

Major findings:
Of operations .....
Of autopsy .....

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Sherwin E Mellon M.D. (M.D. or other)

Address 314 Prof. Bldg Date signed 11/19/41

(Licensed Embalmer's Statement on Reverse Side)

Mella 3/4
Prof Bldg.

OCT 27 1945

## 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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address K 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.**