V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10187
State File No.

FILED APR 15 1942
Registration District No.

Primary Registration District No. 1001

Registrar's No. 316

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. 20 days 10 yrs. (Specify whether years, months or days)
In this community 2 mts, 20 dys, 10 yrs.

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. 6731 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Marie Allegri
3. (b) If veteran, name war
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 Oct. 24, 1908 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 0 If less than one day: hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business

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

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

16. (a) Informant Mrs. Theresa Allegri
(b) Address 6731 Prospect Avenue, Kansas City, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation K. C. Mo.
18. (a) Signature of funeral director J. F. O'Donnell
(b) Address Linwood & Broadway K. C. Mo.
19. (a) 3-24-1942 (Date received local registrar) (b) H. J. Mastbaum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day March year 1942 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from Oct. 6, 1941 to Mar. 24, 1942 that I last saw her alive on Mar. 24, 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Complete Bowel Obstruction | |
| Due to Volvulus | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 A. B. T. Sweany (M. D. or other) M. D.
Address State Hospital No. 2 Date signed Mar. 24, 1942

(Licensed Embalmer's Statement on Reverse Side)

## 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 by H. Webb

Licensed Embalmer No. 2347

P. O. Address Kansas City 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.**