

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4507

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 504 Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 504 Park (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes/No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carmela Sirna

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr Tony Sirna 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Dec 10 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

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

MOTHER FATHER { 12. Name Domnick Bentvegna  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Patrine Suitti  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Tony Sirna

(b) Address 504 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo

19. (a) 12-4-42 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1942 hour 1 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from August 9 to Dec 2 1942 and that death occurred on the date and hour stated above

Immediate cause of death Cerebral malaria  
from malaria  
from Aug 9 - 1942  
Arterial hypertension  
Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: Of operations no  
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? \_\_\_\_\_

23. Signature Anthony J. Staudius (Specify type of physician) (e) Means of injury 10  
Address 701 Pratt Bldg Date signed 12-3-42

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

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**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 G. Rowe*

Licensed Embalmer No. *2347*

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.**