

FILED MAR 25 1943 49  
Registration District No. \_\_\_\_\_

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 629 Forest 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 yrs years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARIA CIPOLLA

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Sam Cipolla 6. (c) Age of husband or wife if alive 1874 years  
7. Birth date of deceased 5 30 78 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Antonio Ferranova  
13. Birthplace Balerno Italy 5 (City, town, or county) (State or foreign country)  
14. Maiden name Giuseppina Pire  
15. Birthplace Balerno Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Rose Cipolla  
(b) Address 629 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 43 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director J. J. Kaptain  
(b) Address 1001 Mo. N. M. Crowe

19. (a) 3-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 629 Forest (If rural, give location)  
(e) Citizen of foreign country? Italy (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 1943 year hour 3 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Feb 26 1943 to March 13 1943; that I last saw her alive on March 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 weeks

Due to Hypertension chronic Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Joseph Letetian (M.D. or other) M.D.  
Address 1219 1/2 11th St Date signed 3-15-43

WRITE PLAINLY—USE FADING 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

*Peter D. Lutz*

Licensed Embalmer No. *4273*

P. O. Address *15 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.**