S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13346

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2035

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether in this community 26 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City Mo. 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1123 Pacfic (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Angelina Rose Panzica

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 Panzica

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Aug. 17-- 1916 (Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Kansas City Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Sam Bellante
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Congetta Despence
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Joe Bellante

(b) Address 3030 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo.

19. (a) 4-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1943 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from Apr. 29, 1943, to Apr. 29, 1943; that I last saw her alive on Apr. 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Post-partum hemorrhage and shock.	1 day
Due to	
14 b c	
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 C. J. Edde M.D. (M. D. or other)

Address 500 Argyle Bldg. Date signed 4/30/43

361

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg K.C. 8-28
Eddie Clifford

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.