

V. S. No. 2
FORM-2-43
5-17-36
I X35897

20300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2718

ED JUN 30 1943

149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2718

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:
565 Cherry St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yrs. (Specify whether years, months or days)

In this community 14 yrs.

3. (a) PRINT FULL NAME Leah Cona

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / race White

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 27 years 1928

7. Birth date of deceased: June (Month) 27 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>14</u>	<u>11</u>	<u>17</u>	hr. min.

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

10. Usual occupation High School

11. Industry or business

MOTHER FATHER {

12. Name Vincent Cona

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

14. Maiden name Edith Gargotta

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

16. (a) Informant Mr Edith Cona

(b) Address 565 Cherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (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) 6-16-43 (Data received local registrar) (b) P. E. Brown (Registrar's signature)

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. 565 Cherry (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 8 minute 30 p.M.

21. I hereby certify that I attended the deceased from April 14 1943 to June 17 1943

that I last saw her alive on June 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death terminal cancer

Due to 13

Due to 13

Other conditions 13 (Include pregnancy within 3 months of death)

Major findings: 13

Of operations

Of autopsy

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)

_____ (Means of injury)

23. Signature P. E. Brown (M.D. or other)

Address 1420 Date signed 6/14/43

Duration

2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1420
Mr. Helman

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. R. E. 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.