

S. No. 2
FORM-2-43
5-17-39
I X 3307

20310

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 8 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2836

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-1-43-6-22-43
(Specify whether years, months or days)

In this community 36 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. 505 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kathrine Counti (anti)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1943 hour 7 minute 30 p. M.

4. Sex Female / White 5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr Thomas Counti 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. 14 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1943
_____ 19 _____ to June 22, 1943, 19 _____
that I last saw her alive on June 22, 1943, 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 5 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Surgical Operation (removal of stones)

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

Usual occupation House Wife

Industry or business _____

Due to Impacted Common duct (gall stones): Hepatitis several years

Due to _____ 126 years

Name Jasper Zito

Birthplace Italy (City, town, or county) _____ (State or foreign country) _____

Maiden name Maria Tortorici

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

Birthplace Italy (City, town, or county) _____ (State or foreign country) _____

Informant Thomas Counti

(b) Address 505 Brooklyn

PHYSICIAN _____

Major findings: Of operations gall stones.

Of autopsy none

Underline the cause to which death should be charged statistically.

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

(a) Signature of funeral director Passantino Bros.

(b) Address Kansas City Mo.

19. (a) 6-25-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

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While at work? _____ (Specify type of place) (c) Means of Injury _____

23. Signature J. E. Brown (M. D. or other) _____

Address 1618 Professional Bldg. Date signed 6-25-43

(Licensed Embalmer's Statement on Reverse Side)

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

Cert. by Max Waldman 7-3-43

Dr. Max Coleman

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. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 27510-3
Local Registrar's No. 2836-43

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of June, 1948, before me appears Cecil

Brintkatter, who, upon oath, states that the original record of ^{birth} death for Katherine Counti, died ~~born~~ June 22, 1943, in the State of Missouri, and which was filed at Kansas City on 6-25, 1943, should be corrected as follows:

Item No. 3 a should read Catherine Counti

Instead of Katherine Counti

Item No. 1. d should read Life time

Instead of 36 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil Brintkatter ^{Daughter}
Relationship.

4030 Benton Blvd.
Present Address.

H. L. No.
June

Subscribed and sworn to before me this 1st day of June, 1948.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

