S. No. 2
OM—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 JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20323

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2719

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: 1715 Prospect / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 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 (If outside city or town limits, write "RURAL") 8

(d) Street No. 1715 Prospect (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank DiBella

3. (b) If veteran, name war ----------

3. (c) Social Security No. 513-09-1241

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mischehla

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

7. Birth date of deceased Sept. 14 (Month) 1871 (Day) (Year)

8. AGE: Years 71 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

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

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

16. (a) Informant Joe DiBella

(b) Address 117 West 61st Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (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) 6-16-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 7 minute 30 p M.

21. I hereby certify that I attended the deceased from 5-28, 1943, to 6-15, 1943 that I last saw him alive on 6-15-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Infarction Sudden Heart failure	1 week
Due to Chronic Endocarditis! Mitral Stenosis	undetermined
Due to 92d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92d	
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 Dr. Max Goldman (M. D. or other)

Address 1618 Prof. Bldg. Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side)

1648

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.