

FILED SEP 24 1943

Registration District No. 19402

Primary Registration District No. 1000

Registrar's No. 1015

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 4 days  
(Specify whether

In this community yes (Yes or No)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4717 Grand Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CONCETTA ONORATO

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased ✓ 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months ✓ Days ✓ If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Antonia Concetta

(b) Address 7020 St. Louis Ave Chicago

17. (a) Removal (b) Date thereof 9-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo

19. (a) 9/16/43 (b) Rose Heizer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16,  
year 1943 hour 10 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from September 1,  
1943 to Sept. 16, 1943  
that I last saw her alive on Sept 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bras Pneumonia  
Chro Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 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) (e) Means of injury \_\_\_\_\_

23. Signature R.T. Swancy (M. D. or other) MD

Address St Joseph Mo Date signed 9-16-43

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

MOTHER FATHER

1233

State Hosp # 2

**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 \_\_\_\_\_

*Robert H. Gable*

Licensed Embalmer No. \_\_\_\_\_

*3308*

P. O. Address \_\_\_\_\_

*St. Joseph, 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.**