S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40983

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5123

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:
Kansas City Station Hospitel 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. 15 min (Specify whether
In this community 15 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. 1105 East 8th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jake Ferrantelli

3. (b) If veteran, name war Yes

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Fanney Ferrantelli

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Nov. 14 (Month) 1909 (Day) (Year)

8. AGE: Years 34 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Johnson City Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Solder

11. Industry or business

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

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

16. (a) Informant Mrs Fanney Ferrantelli
(b) Address 1105 East 8th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8 (Month) 1943 (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) 12-6-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1943 hour 7 minute 50p M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to Gunshot Wound of

Due to Head.

Other conditions (Include pregnancy within 3 months of death) 164e

Major findings:
Of operations
Of autopsy See Above

Duration

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) Suicide
(b) Date of occurrence 12-4-43
(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? No (e) Means of injury Gunshot

23. Signature A. E. Ussher (M. D. or other) M. D.
Address 23 McKay Date signed 12/5/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1944

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 St. L. 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.