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FILED FEB 3 1949  
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)

In this community 22 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson?

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 573 Campbell  
(If rural, give location)

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

3. (a) PRINT FULL NAME VINCENZA CAROLLA

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1944 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from December 12  
1942, to January 6, 1944;  
that I last saw her alive on January 6, 1944;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Salvatore 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan 21 1886  
(Month) (Day) (Year)

Major cause of death Chronic pulmonary emphysema (Bronchial asthma)

Duration —

8. AGE: Years 57 Months 11 Days 16 If less than one day — hr. — min.

Due to —

Due to —

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

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

Major findings: 112

Of operations —

Of autopsy —

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business —

12. Name Rosario Cipriano

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

14. Maiden name Antonina Carrolo

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

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? —

16. (a) Informant Katherine Sangetta

(b) Address 573 Campbell

23. Signature — (M.D. or other) —  
Address 1109 Parkway Date signed 3/11/49

17. (a) Burial (b) Date thereof 1/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Sebbetal Funeral Home

(b) Address 901 E 5th

19. (a) Date received local Registrar Jan 10 1949 (Registrar's signature) J E Brewer

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COPIES OF THIS RECORD ARE AVAILABLE TO THE PUBLIC UPON REQUEST

**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..... *Ray E. Sneed*

Licensed Embalmer No. *2560*

P. O. Address *KC Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**