

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1391

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 456

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. Joseph Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
 (Specify whether years, months or days) 16 yrs

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 Rosalia C. Fulco

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-18-7252

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dominick Fulco 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased Sept 25 1902
 (Month) (Day) (Year)

8. AGE: 41 Years 4 Months — Days If less than one day hr. min.

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

10. Usual occupation Power machine operator

11. Industry or business Missouri Lumber Co.

12. Name Phillip Culotta

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

14. Maiden name Rose Verda

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

16. (a) Informant Dominick Fulco

(b) Address 573 Campbell

17. (a) Burial (b) Date thereof 1/28/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sebbetos

(b) Address 901 E 5th

19. Jan 27 1944 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from October 7 1943 to Jan 25 1944
 that I last saw her alive on Jan 24 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration 6 months

Due to _____

Due to _____

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

Major findings: Of operations —

Of autopsy — 74a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury —

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

Address K.C. 770 Date signed 1-27-44

WRITE PLAINLY—USE INK

Mr. [unclear]
41815
[unclear]

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. Snow*

Licensed Embalmer No. *2560*

P. O. Address *K @ 7th*

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.