. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40062 4901

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

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: St Joseph Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3624 Gladstone (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~Adelle~~ Adele Madlyn Defeo

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 26 (Day) 1932 (Year)

8. AGE: Years 12 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Harry Defeo

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

14. Maiden name Antonette Nardillo

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

MOTHER FATHER

16. (a) Informant Harry Defeo

(b) Address 3624 Gladstone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director P. B. Lapetina

(b) Address KC Mo

19. (a) 12-5-44 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Nov. 14, 1944, to Dec. 3, 1944 that I last saw her alive on Dec. 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Glomerular nephritis	3 wks ?
Due to Strep throat ?	
Due to	
Other conditions (Include pregnancy within 3 months of death) 115 b	

Major findings:
Of operations
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 George W Herrman (M. D. ~~or other~~)

Address 1107 Bryant Bldg Date signed 12/3/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4273

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. .....
Local Registrar's No. 4901-44

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of February, 1950, before me appears Mrs Harry De Feo, who, upon her oath, states that the original record of ~~birth~~ death for Adelle Madlyn Defeo died December 3, 1944, in the State of Missouri, and which was filed at Kansas City on 12-5, 1944, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Adele Madlyn De Feo

Instead of Adelle Madlyn Defeo

Item No. 12 should read Harry De Feo

Instead of Harry Defeo

Item No. 16a should read Harry De Feo

Instead of Harry Defeo

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Harry De Feo (Mother)
Relationship.

3674 Gladstone Blvd.
Present Address.
K.C. Mo.

Subscribed and sworn to before me this 21st day of Feb, ~~194~~ 1950

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

1944
S-40062