S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13308

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1639

12214

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

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: 3601 South Benton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community years, months or days) 2½ yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

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

(d) Street No. 3601 South Benton (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Jack Papia

3. (b) If veteran, name war Do not know

3. (c) Social Security No. none

4. Sex Male

5. Color or White

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

6. (b) Name of husband or wife Mrs Sylvia Papia

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

7. Birth date of deceased July (Month) 5 (Day) 1889 (Year)

8. AGE: Years 56 Months 8 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation Self

11. Industry or business .....

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

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

16. (a) Informant Sylvia Papia

(b) Address 3601 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/46 (Month) (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) 4-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 1942 to 4-3, 1946; that I last saw him alive on 4-3, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis, Aortitis (n.s.)	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d	
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 Fred Drey MD (M. D. or other)

Address 1610 Pray Bldg Date signed 4-6-46

(Licensed Embalmer's Statement on Reverse Side)

Hn 6379
Drawing
Prof.
130 To 4 o'clock

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 T. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.