

S. No. 2
M-5-43
5-17-39
I X36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20193**
Registrar's No. **2714**

FILED JUL 2 1946

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **4741 Grand**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
In this community **since 1925**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs. Teresa Cello**
(b) If veteran, name war **no.** (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **March 16 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 3 1 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Natala** 5
13. Birthplace **Italy** 5
(City, town, or county) (State or foreign country)
14. Maiden name **Scalzo**
15. Birthplace **Italy** 5
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Cello**
(b) Address **4741 Grand, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **6-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills Cemetry**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-19-46** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson, 48**
(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **4741 Grand** 8
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1946** hour **9:00** minute **P.** M.
21. I hereby certify that I attended the deceased **from June 17, 1946**
19 to 19
that I last saw her alive on **June 17, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ventricular fibrillation**
Due to **Chronic myocarditis**
Due to **Seuility Edema of lower extremities**
Other conditions **Hypostatic pulmonary congestion**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **None** 932
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 **J**
23. Signature **Lorraine Sherwood** (M. D. certifier)
Address **4000 Baltimore - K.C., Mo.** Date signed **6-18-46**

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

Dr. J. W. Parker, 4000 Baltimore

P. M.

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.....

J. G. Allen

Licensed Embalmer No. *1415-*

P. O. Address *1400 15th St*

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.