

S. No. 2  
OM-2-43  
v. 5-17-39  
PI X35697

30505

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED OCT 8 1949**  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4068

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:  
2621 Indiana Ave., Kansas City, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 Years  
(Specify whether years, months or days)

In this community \_\_\_\_\_

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. 2621 Indiana Avenue 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank S. Villa

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-1962

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Felicia Villa

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased December 13 1891  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23  
year 46 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12/23/46 1946 to 9/23/46 1946;  
that I last saw him alive on 9/23/46 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the bronchus  
Duration 2 yrs

8. AGE:	Years	Months	Days	If less than one day -
	<u>54</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 47c

Of autopsy No

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

10. Usual occupation Tavern

11. Industry or business Own Business

MOTHER FATHER } 12. Name Nicholas Villa 6

13. Birthplace Italy 6  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Messia

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

16. (a) Informant Mrs. Felicia Villa

(b) Address 2621 Indiana Ave., Kansas City, MO

17. (a) Burial (b) Date thereof Sept. 26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary K.C.K.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th St. K.C.K.

19. (a) 9-25-46 (b) Therelaine Holman  
(Date received local registrar) (Registrar's signature)

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 9/24/46

23. Signature [Signature] (M. D. certificate) 9/24/46

Address 1109 P. of Holly Run signed \_\_\_\_\_

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

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**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..... **3624**.....

P. O. Address..... **Kansas City, Kansas**.....

**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.**