V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1286

Registration District No. FILED JAN 27 1947 Primary Registration District No. 1002 Registrar's No. 208

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: 312 Wabash ave (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) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 312 Wabash Ave (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosalie Principe
3. (b) If veteran, name war: none
3. (c) Social Security No. none
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vincent Principe
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct 24 1893 (Month) (Day) (Year)

8. AGE: Years ~~52~~ 53 Months 2 Days 21 If less than one day hr. min.
9. Birthplace ~~Housewife~~ Italy (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Augustona Candela
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Antonina Bruno
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Principe
(b) Address 2001 Indep Blvd. KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St Mary's Cemtery
18. (a) Signature of funeral director Passantino Bros
(b) Address K C Mo
19. (a) 1-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 5 minute 00 P M.
21. I hereby certify that I attended the deceased from December 30, 1946 to Jan 15, 1947 that I last saw her alive on Jan 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure — Duration 2 wks

Due to Myocardial infarction 2 wks and embolism left. ant. tibial art 1 wk

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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 0
23. Signature [signature] (M. D. ~~or other~~)
Address 5138 Belinder Rd Kansas City 3, Ko. Date signed 1-15-47

(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 Francis Walter

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.