

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED APR 1 1947

Registration District No. **199**

Primary Registration District No. **1002**

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: 5415 East Bonita
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3.7 yrs.
(Specify whether years, months or days)

In this community 3.7 yrs.

3. (a) PRINT FULL NAME Antonio (Dannell) Manciapanello

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. <u>Male</u>	5. Color of <u>White</u>	6. (a) Single, widowed, married, <u>Married</u>
6. (b) Name of husband or wife <u>Mrs. Lena Manciapanello</u>	6. (c) Age of husband or wife if <u>66</u> years	
7. Birth date of deceased <u>April 10 1871</u> <small>(Month) (Day) (Year)</small>		

8. AGE:

Years <u>75</u>	Months <u>11</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
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9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retire

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Manciapanello

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

14. Maiden name Mama

15. Birthplace Italy 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tony Ancona

(b) Address 732 E. Gregory Blvd.

17. (a) Burial **(b) Date thereof** 3/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. St. Marys

18. (a) Signature of funeral director Pasquante Bros

(b) Address Kansas City mo

19. (a) 3-17-47 **(b) A. Brudline Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson 18

(c) City or town Kansas city mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5415 East Bonita 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1947 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 11
1947, to March 15, 1947

that I last saw him alive on March 14, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 48 hrs.

Due to Left heart failure 48 hrs

Due to Chronic hypertension 10 yrs
heart disease

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: NO 10 317 3 2

Of autopsy: NO 10 317 3 2

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 _____

23. Signature Carroll A. ... (M. D. or other) _____
 Address 5138 Belvoir Rd. Date signed 3/19/47

RR 3 KS

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.....

R. R. Griffith

....., Registered Apprentice No. 451

working under my personal supervision.

Signed Dylon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indy, 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.