. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24081

Registrar's No. 2931

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: Osteopathic Hospital 926 E 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 wks (Specify whether years, months or days)
In this community: 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2006 E 7th St 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charlie Bavetta
3. (b) If veteran, name war: None
3. (c) Social Security No.: Do not Know
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mrs Francis Bavetta
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: April (Month) 3 (Day) 1893 (Year)

8. AGE: Years 54 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace: Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation: Retired Stevedore
11. Industry or business:
FATHER
12. Name: Joseph Bavetta 5
13. Birthplace: Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rosanna Bizzo
15. Birthplace: Italy (City, town, or county) (State or foreign country) 5
16. (a) Informant: Mrs Francis Bavetta
(b) Address: 2006 E 7th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St Mary's
18. (a) Signature of funeral director: Pozzentino Bros.
(b) Address: Kansas City Mo
19. (a) 7-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 9
year: 1947 hour: 1 minute: 30 P.M.
21. I hereby certify that I attended the deceased from March 1, 1947, to July 9, 1947, that I last saw him alive on July 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia — Duration: 2 days
Due to: Pyelonephrosis — 5 yrs
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 1330
Of autopsy:

PHYSICIAN
Underline the cause of 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: 2
23. Signature: John G. Henry (M. D. or other): DO
Address: 500 Bryant Bldg K.C. Mo Date signed: 7-9-47

Jefferson City Printing Co.

(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 F. 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.