S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24323

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3051

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K C (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hrs (Specify whether
In this community: 40 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: K C (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3400 E 7th (If rural, give location) 8 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN PASSIGLIA
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M O
5. Color or race: W
6. (a) Single, widowed, married, divorced: W D
6. (b) Name of husband or wife: Vita
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 5 (Month) 1887 (Day) (Year)

8. AGE: Years: 60 (app.) Months: Days: If less than one day: hr. min.

9. Birthplace: Italy 5 (City, town, or county) (State or foreign country)
10. Usual occupation: Grocer
11. Industry or business:
FATHER
12. Name: Carl Passiglia
13. Birthplace: Italy 5 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Maria Oddo
15. Birthplace: Italy 5 (City, town, or county) (State or foreign country)
16. (a) Informant: Frank Passiglia
(b) Address: 2112 Linnwood Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt St Marys
18. (a) Signature of funeral director: Sebbeto's
(b) Address: City
19. (a) 7-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1947 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of Head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 164 c	
Of autopsy: no	
History & Inspection	

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): suicide
(b) Date of occurrence: 7-18-47
(c) Where did injury occur? KC (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury: Pistol 3
23. Signature: [signature] (M. D. ~~or other~~) Coroner
Address: 1424 [illegible] Date signed: 7-18-

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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address A C NM

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.