

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31130
Registrar's No. 3861

Registration District No. 149 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
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 3301 Windsor
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Concetta Caronia
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September Day 8
year 1947 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from 8-20-47 to 9-8-47
that I last saw her alive on 9-8-47 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 19, 1921

Immediate cause of death Heart Failure
Due to Hodgkins Disease
Other conditions 448
Major findings: Autopsy Generalized Invasion of lymph nodes + Peribronchial Invasion

8. AGE: Years 25 Months 9 Days 19

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City, Mo.
10. Usual occupation Home
11. Industry or business

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature [Signature] (M. D. or other)
Date signed 8/24/47

MOTHER FATHER {
12. Name Joseph Caronia
13. Birthplace Italy
14. Maiden name Victoria Bilello
15. Birthplace Kansas City, Mo.
16. (a) Informant Victoria Sieger
(b) Address 3301 Windsor
17. (a) Burial (b) Date thereof 9/11/47
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director Passantino Bros
(b) Address 2117 Indep. Blvd.
19. (a) 9-10-47 (b) Geraldine Holmes

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..... *J. 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.