S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1179

State File No.

FILED JAN 20 1948 149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 44

WRITE PLAINLY—USING 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: Ostepathic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community Do not know years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 620 Brooklyn 8 (If rural, give location) 3
(e) Citizen of foreign country? ~~Yes~~ no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Felicia La Rocca
3. (b) If veteran, name war — no
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1866 (Year)

8. AGE: Years 81 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Frank Badaglia lacqua
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Lucia D'Angelo
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Frank La Rocco
(b) Address 620 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys
18. (a) Signature of funeral director Passantino Bros
(b) Address K. C. Mo
19. (a) 1-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1948 hour minute A M.
21. I hereby certify that I attended the deceased from Jan 1st 1948 to Jan 3rd 1948 that I last saw her alive on Jan 3rd 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sober Pneumonia	
Due to Pneumonia	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
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 A. E. Scardini (M. D. or other) D.O.
Address 927 Bryant Bldg Date signed 1-4-48

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 Leonard C Passantino, Registered Apprentice No. 62, working under my personal supervision.

Signed F. 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.