FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26209

Registrar's No. 3171

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: 8008 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: K.C.
(If outside city or town limits, write "RURAL")
(d) Street No.: 8008 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

48 3 8 0

3. (a) PRINT FULL NAME: FRANK COLLETTA
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 16 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	16	hr. ..... min.

9. Birthplace: La. (City, town, or county) (State or foreign country)
10. Usual occupation: Tavern Operator
11. Industry or business .....

MOTHER FATHER
12. Name: Dominick Colletta
13. Birthplace: Italy (City, town, or county) (State or foreign country) 5
14. Maiden name: Edith Damiano
15. Birthplace: Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant: Joe Colletta
(b) Address: 2725 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St Marys
18. (a) Signature of funeral director: Sebbetts
(b) Address: City
19. (a) 8-4-48 (Date received local registrar) (b) Geraldine Holme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2 year 48 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from Coma, 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: Coronary occlusion	
Due to: Cirrhosis of liver	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1 24 h	
Of autopsy: as above	

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 .....
23. Signature: James Walsh (M. D. or other) Coron.
Address: 1424 Pay Bldg. Date signed 8-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 2560

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.