

Registration District No. **324**

Primary Registration District No. **6.093**

Registrar's No. **3**

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Marshall Mo. State School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 yrs 7 mo 9 da
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 220 Olive St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie Cangelosi
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>6</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
12. Name Dam Cangelosi
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Annie Monteleone
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School

(b) Address Marshall, Mo

17. (a) Burial (b) Date thereof 1-6-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cem

18. (a) Signature of funeral director Passantino Bass
(b) Address 2117 Indep Blvd. Kansas

19. (a) Jan 4 1949 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1949 hour 1:25 minute 0 M.

21. I hereby certify that I attended the deceased from 1-2- 1949, to 1-4- 1949
that I last saw her alive on 1-2- 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Stated Epilepsy
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 401
Of autopsy _____

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?
Y.C. Mo.
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Rexey (M. D. number) _____
Address Marshall Mo Date signed 1/4/49

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-26-49

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

Marvin V. Newton

Licensed Embalmer No.

4572

P. O. Address

Marshall, Mo

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

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