

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8518

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1035	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY c. LENGTH OF STAY (in this place) 30 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSP U				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY d. STREET ADDRESS (If rural, give location) 4104 INDEP AVE			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) b. (Middle) c. (Last) MANGIRACINA		4. DATE OF DEATH. 3 4 49			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH APRIL 2 1902	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CALOGERO RIZZO		13b. MOTHER'S MAIDEN NAME DOMENICA MAYO		14. NAME OF HUSBAND OR WIFE SAM MANGIRACINA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME SAM MANGIRACINA		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5810 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices. INTERVAL BETWEEN ONSET AND DEATH 2 mo.			
19a. DATE OF OPERATION 2/21/49		19b. MAJOR FINDINGS OF OPERATION Enlarged Spleen; Portal Hypertension; Cirrhosis.		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-18-1949, to 3/4-1949, that I last saw the deceased alive on 3/3-1949, and that death occurred at 5:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE E. A. Wilkinson (Degree or title) E. A. Wilkinson, M.D. U				23b. ADDRESS 1332 Professional Bldg		23c. DATE SIGNED 3/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/7/49		24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS		24d. LOCATION (City, town, or county) (State) KC MO	
DATE REC'D BY LOCAL REG. 3-6-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S 901 E 5th.			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 150 7th

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.