

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40719  
4982

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY JACKSON  
 b. CITY (If outside corporate limits, write RURAL and give town(ship)) KANSAS CITY  
 c. LENGTH OF STAY (in this place) 49 YRS  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2817 E 9TH

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 town(ship)) KANSAS CITY  
 d. STREET ADDRESS (If rural, give location) 2817 E 9TH

3. NAME OF DECEASED  
 a. (First) PETE b. (Middle) GENOVA c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
11 23 50

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 16 1883

9. AGE (In years last birthday) 67  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK

10b. KIND OF BUSINESS OR INDUSTRY RESTURANT

11. BIRTHPLACE (State or foreign country) ITALY

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ANTONIO GENOVA

13b. MOTHER'S MAIDEN NAME MARALINA DISALVO

14. NAME OF HUSBAND OR WIFE FRANCES GENOVA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 490-16-6807

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
CHAS GENOVA 2817 E. 9th.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic Myocarditis  
 DUE TO (c) Coronary Insufficiency  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Longtime Heart Failure

INTERVAL BETWEEN ONSET AND DEATH  
11/23/50  
years  
years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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)  
0237

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 11/6/50 to 11/23/50, that I last saw the deceased alive on 11/23/50, and that death occurred at 3:00 PM from the causes and on the date stated above.

22a. SIGNATURE William B. Allen (Degree or title) \_\_\_\_\_

23b. ADDRESS Blaze June Bg

23c. DATE SIGNED 11/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11/27/50

24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS

24d. LOCATION (City, town, or county) (State) K.C. MO

DATE REC'D BY LOCAL REG. 11-26-50

REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
SEBBETO'S CITY

\_\_\_\_\_

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

*Allen*  
1958 ~~State~~ June 12/58  
411 E. Michigan St.  
Ja 1225

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Roy E Snow*

Licensed Embalmer No. *2560*

P. O. Address *K @ 7M*

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.