

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23147
Registrar's No. 3115

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 100a		Registrar's No. 3115			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON 3108					
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 YRS		c. CITY OR TOWN KANSAS CITY		d. STREET ADDRESS 519 WOODLAND 10			
3. NAME OF DECEASED (Type or Print) ROSA MANNO				4. DATE OF DEATH 7-20-51					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG 14 - 1857			
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CARL CAMPO			13b. MOTHER'S MAIDEN NAME ROSE RESTEVO			14. NAME OF HUSBAND OR WIFE JOSEPH MANNO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME MRS JOSEPH MASINIA		ADDRESS 519 WOODLAND			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Generalized. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BronchoPneumonia				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 4500 UNKNOWN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from January 1, 1946, to July 20, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 9:50 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Paul N. Johnston (Name or title)				23b. ADDRESS 1110 Bryant Bldg.		23c. DATE SIGNED July 22, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-23-51		24c. NAME OF CEMETERY OR CREMATORY Mt. ST. MARY'S CEM.		24d. LOCATION (City, town, or county) (State) KC - MO.			
DATE REC'D BY LOCAL REG. 7-22-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE PASSANTINO Bros.		ADDRESS KC - MO.			

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

Dr Paul Johnston
Byrant Bldg.
Rm 5432
Red Ja 4034

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

Francis S. Walton

Licensed Embalmer No. *2744*

P. O.- Address *Kc 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.