REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3

1285
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 298

(c) City Kansas City (d) Street No. 540 Jackson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 11 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joe Palmeciano

(a) Residence, No. 573 East 4th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bernice Palmeciano

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9 - 1907

7. AGE: Years 31 — Months 2 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

FATHER

13. NAME: Vincent Palmeciano
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Antonina Mancuso
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT: Vincent Palmeciano
(ADDRESS) 573 East 4th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount St Mary C. DATE: 1/26 1939

19. FUNERAL DIRECTOR (NAME): A. Sebelius
(ADDRESS) 901 East 5th St

20. FILED: Jan 24 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-23-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on ..... Death is said to have occurred on the date stated above, at 2:30 P.M.

Deputy Coroner

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the head.	1/7

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-23, 1939
Where did injury occur? K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Shot self
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Victor H. Mathes, M. D.
(Address) Gen Hosp. K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MICRO-FILMED, WITH OWNERS PERMISSION, AS 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.....

P. O. Address.....

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, above space should be left blank.