

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **15 years**
years, months or days)

3. (a) PRINT FULL NAME **Mame Lombardo**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**

(b) Name of husband or wife **Jimmy Lombardo** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Dec 16 1901**
(Month) (Day) (Year)

8. AGE: Years **37** Months **10** Days **10** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **/**

12. Name **Wasson Hotel**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Genevieve Respondek**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Re und Clerk**

(b) Address **KC Gen Hosp KC Mo**

17. (a) **Burial** (b) Date thereof **10-15-37**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Peter B. Lafetemas**

(b) Address **538 Campbell St.**

19. (a) **10/17/39** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

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. **2602 Smart**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16**
year **1939** hour **11:20** minute **10** M.

21. I hereby certify that I attended the deceased from **10-16**
_____ 1939 to **10-16** 1939
that I last saw her alive on **10-16** 1939
and that death occurred on the date and hour stated above.

Immediate cause of death **Car accident of car**
Due to **48**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. J. De Maria** (Name of other) _____
Address **Sept KC Gen Hosp** Date signed **10-17-39**

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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.

NOV 14 1939

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.