

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.

STANDARD CERTIFICATE OF DEATH

State File No. 42352
Registrar's No. 4761

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(c) Name of hospital or institution 334 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
In this community Do not know
years, months or days

3. (a) PRINT FULL NAME Jasper Falso
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color or race Italian 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 21 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Falso
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Angela
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dominic Bartolotta
(b) Address 333 Ord ave

17. (a) Burial (b) Date thereof DEC. 18-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Church

18. (a) Signature of funeral director Plummer's Bros
(b) Address 75 Grove

19. (a) Dec. 18, 39 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 334 Park Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1939 hour 10 minute 5 P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
that he was alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Acute pulmonary edema
Hypertrophy of the heart
Chronic vascular nephritis
Other conditions (Include pregnancy within 3 months of death) 121

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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)
23. Signature Walter H. Sauter (D, or other) _____
Address K.C. Mo Date signed _____

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address N. C. 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, above space should be left blank.