

Registration District No. **899**

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:
906 Independence Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Thirty Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vincenzo Pace

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 20 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>110</u>	<u>19</u>	<u>hr. min.</u>

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

10. Usual occupation Fruit Peddler

11. Industry or business Owner of fruit Business

12. Name Nick Pace

13. Birthplace Campo Reale Italy
(City, town, or county) (State or foreign country)

14. Maiden name Margaret (Unknown)

15. Birthplace Campo Reale Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Pace

(b) Address 906 Indeg Ave

17. (a) Burial (b) Date thereof 2-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director John D. Leggett

(b) Address 538 Campbell Street

19. (a) Feb. 12, 1940 (b) W. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 906 Independence Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. 30 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th
year 1940 hour 2:30 minute AM

21. I hereby certify that I attended the deceased from Feb 2 1940, 19 , to 7 19 ; that I last saw him alive on Feb 8 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration
Valvular Heart Disease 1 yr

Due to 9200

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
(Specify type of place) (e) Means of injury

23. Signature John D. Leggett (M. D. or other)

Address 1103 E. 1st Date signed 2-10-40

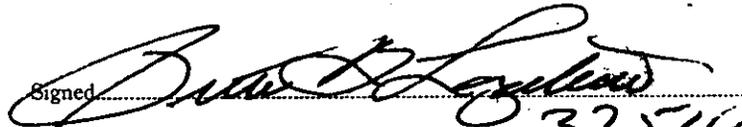
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

3254

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, above space should be left blank.