

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY, Mo**
(If outside city or town limits, write "RURAE" and name of township)
(c) Name of hospital or institution: **ST. LUKES**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 day** (Specify whether
In this community **Non-Resident** years, months or days)

3. (a) PRINT FULL NAME **JAMES NACCARATO**
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 **M**
6. (b) Name of husband or wife **Mary Naccarato** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Unknown**
(Month) (Day) (Year)

8. AGE: Years **54** Months **--** Days **--** If less than one day .hr. **9** min.

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

10. Usual occupation **Owner-manager**

11. Industry or business **Naccarato Wholesale**

MOTHER-FATHER
12. Name **No record**
13. Birthplace **No record**
(City, town, or county) (State or foreign country)
14. Maiden name **No record**
15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **NAYLOR GUNN**
(b) Address **SCAMMON, KANSAS**

17. (a) **REMOVAL** (b) Date thereof **JULY 22, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SCAMMON, KANSAS**

18. (a) Signature of funeral director **SHEIL FUNERAL HOME**

(b) Address **6606 INDEPENDENCE AVE**

19. (a) **July 22, 1940** (b) **M. M. Craue**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **21st** day **July**,
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July 19**, 19**40**, to **July 21**, 19**40**
that I last saw him alive on **July 21**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Esophagus** Duration _____

Due to _____

Due to _____ **46**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **None**
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) _____

(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 **J. P. Engel** (M. D. or other) _____

Address **Play Med. Bldg** Date signed _____

29 11 T.

TASA: AS MAL

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.....

Joe B. Yoder..... Registered Apprentice No. *#233*
working under my personal supervision.

Signed *J. P. Steel*.....
Licensed Embalmer No. *#3625*

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, fact should be so stated above.