

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3686

1. PLACE OF DEATH
(a) County JACKSON
(b) City or town KANSAS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2209 QUINCY
(If not in hospital or institution, write street number or location) *iv*
(d) Length of stay: In hospital or institution 28 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MICHEAL GUORROTO

3. (b) If veteran, name war YES 3. (c) Social Security No. 495-09-8302

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

6. (b) Name of husband or wife MRS MARTHA GUORROTO 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased OCT. 28 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>22</u>	hr. min.

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

10. Usual occupation MACH. APEROTOR

11. Industry or business

MOTHER FATHER { 12. Name MICHEAL GUORROTO

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

14. Maiden name VITA GUORROTO

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

16. (a) Informant MRS MARTHA GUORROTO

(b) Address 5623 E. 27th Terr.

17. (a) BURIAL (b) Date thereof SEPT. 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S

18. (a) Signature of funeral director PASSANTINO BORS.

(b) Address K. C. MO.

19. (a) 9-21-40 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
MO.
(a) State (b) County JACKSON
(c) City or town KANSAS
(If outside city or town limits, write "RURAL")
0 2209 QUINCY
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 28 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-19-40 day 19 year 1940 hour 6:00 minute 00 M.

21. I hereby certify that Deputy Coroner the deceased from 6:00 P. 1940; that he/she was alive and the death occurred on the date and hour stated above. Immediate cause of death acute pulmonary edema & congestion
acute coronary occlusion
coronary atherosclerosis

Duration

Due to acute pulmonary edema & congestion
acute coronary occlusion
Due to coronary atherosclerosis
Other conditions (include pregnancy within 3 months of death) 9412

Major findings: Of operations 11
Of autopsy 11

PHYSICIAN

948
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) Manner of injury
23. Signature H. M. Brown (M. 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 Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *H. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.