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23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3742

1. PLACE OF DEATH JACKSON
 (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 2419 E. 10 ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 YEARS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME GUISSSEPPE SOLITO
 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 SOLITO 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased SEPT. 10 1867
 (Month) (Day) (Year)

8. AGE: Years 73 Months - Days 15 If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED

11. Industry or business FRANK SOLITO
 12. Name ITALY
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name FRANCES BONNONO
 15. Birthplace ITALY (City, town, or county) (State or foreign country)

16. (a) Informant SOLVATORE SOLITO
 (b) Address 2419 E 10 ST.
 17. (a) BURIAL (b) Date thereof SEPT. 28. 40
 (Month) (Day) (Year)
 (c) Place: burial or cremation MT. ST. MARYS

18. (a) Signature of funeral director PASSANTINO BROS.
 (b) Address K. C. MO.
 19. (a) 9-26-40 (b) M. M. Browne
 (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. 2419 E. 10 ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 20 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 25
 year 1940 hour 9:30 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 15, 1940, to Sept 25, 1940
 that I last saw him alive on Sept 22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration sudden

Due to and
 Due to 1
 Other conditions Coronary sclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations No
 Of autopsy No
 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 No
 (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 Anthony Saladino (M. D. or other)
 Address 721 Walnut Date signed 9-26-40

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

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 14 C MD

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.