

Registration District No. 399

Primary Registration District No. 100

Registrar's No. **1293**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 In this community 30 yrs -
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2526 Rochester **8**
 (If rural, give location) **0**
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Italy

3. (a) PRINT FULL NAME Mary Penzero
 3. (b) If veteran, name war -
 3. (c) Social Security No. None
 4. Sex Female 5. Color W race W
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Sony Panzero
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased April 10 1878
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
 year 1941 hour 1 minute 20 A. M.
21. I hereby certify that I attended the deceased from
3-22-41, 1941 to 4-8-41, 1941;
 that I last saw her alive on 4-8-41, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 11 Days 28 If less than one day hr. min.
9. Birthplace Sicily Italy
 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name Henry Peronio
13. Birthplace Italy 5
 (City, town, or county) (State or foreign country)
14. Maiden name Anna Peronio
15. Birthplace Italy 5
 (City, town, or county) (State or foreign country)
16. (a) Informant Henry Panzero
(b) Address 2526 Rochester
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 4/9/41
 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director [Signature]
(b) Address R.C. Gen. Hospital
19. (a) Apr 8 1941 (Date received local registrar)
(b) [Signature] (Registrar's signature)

Immediate cause of death Cardiac decompensation
 Due to asc
 Due to asc
 Other conditions asc
 (Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 Of autopsy None
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) (a) Means of injury 0
23. Signature Wm. B. Stone (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

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.....

Licensed Embalmer No. 3754

P. O. Address. 1CCMO

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.