

FILED MAY 16 1941

STANDARD CERTIFICATE OF DEATH

13646

State File No.

1627

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 552 Forest Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 10 minute 15a M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 23, 1941;
that I last saw h.i.m. alive on April 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Chronic
Myocardial infarction
Disease

Duration

Due to Coronary thrombosis 4/24/41

Due to Cardiac fibrosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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 M. M. Crowe (M. D. or other)
Address 1420 Prof Bldg Date signed 4/24/41

3. (a) PRINT FULL NAME Mike Tusso

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 Mrs. Mary Tusso 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. 29 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation Labor

11. Industry or business _____

12. Name Broschie Tusso

13. Birthplace Italy (City, town, or county) (State or foreign country) 5

14. Maiden name Rose Tusso

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

16. (a) Informant Laurance Tusso

(b) Address 649 Olive St.

17. (a) Burial (b) Date thereat April 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Passantino Bro's.

(b) Address K.C. Mo.

19. (a) Apr 24, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Paul M. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *I. C. 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, fact should be so stated above.