

2  
4-41  
7-39

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
14700 E 27th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 30 yrs  
years, months or days)

3. (a) PRINT FULL NAME PETE LOCASCIO  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced, Divorced  
6. (b) Name of husband or wife Dorothy Locascio 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased Sept 14th 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 26 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Walter

11. Industry or Business 4700 E 27th

12. Name Frank Locascio

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

14. Maiden name Galerna, Italy

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

16. (a) Informant Frank Locascio

(b) Address 401 Holmes

17. (a) Burial (b) Date thereof 6/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm M. Groves  
(b) Address 1613/41

19. (a) 6/13/41 (b) W. M. Groves  
(Date received local registrar) (Registrar's signature)

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. 2606 Lawn  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Juniata, Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 41  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I signed above deceased from 9:40 a.  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I have \_\_\_\_\_ illness on \_\_\_\_\_ 19\_\_\_\_  
and that it occurred on the date and hour stated above.

Immediate cause of death  gunshot wound of the head  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions 166  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence 6-17-41  
(c) Where did injury occur? K.P. Mo  
(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) (Means of injury)  
23. Signature Wm M. Groves (M. D. or other)  
Address K.P. Mo. Date signed \_\_\_\_\_

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

X26390  
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**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 B. Lottman*  
Licensed Embalmer No. *3754*  
P. O. Address *Kansas City*

**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.**