

FILED SEP 12 1941

Registration District No. 297

Primary Registration District No. 1002

Registrar's No. 2974

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community 3 months 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County Wyandotte
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1335 South 26th
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME JUNIOR MAICAI

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Salvatore Maicai
13. Birthplace Med
(City, town, or county) (State or foreign country)

14. Maiden name Carmen Orrego
15. Birthplace Empress Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Salvatore Maicai
(b) Address 1335 S 26th St

17. (a) Burial (b) Date thereof 8/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Hettich

(b) Address 2757 S. 26th St

19. (a) 8/5/41 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1941 hour 7:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8-1-41
_____, 19____, to 8-4-41, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broncho pneumonia

Due to Diphtheria

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 119a

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 C. B. Summers (M. D. or other) 0

Address 222 Plover Pl Date signed 8-11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1931

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.....

Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St.

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, above space should be left blank.