

FILED MAR 16 1942

962

Registration District No. 291

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K. C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1136 Mo Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 36 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town K. C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1136 Mo Ave  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRAZIA, Bellino, (Bitetto)

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

4. Sex F 5. Color or race I 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife husb. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 11 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Saverio Giardano

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

14. Maiden name Maria Varlede

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

16. (a) Informant Frank Bilella  
(b) Address 4115 Frost

17. (a) Burial (b) Date thereof 3/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director A. Sc. DeCto  
(b) Address 901 E 5th St

19. (a) 2/9/42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1942 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 9-26-36  
\_\_\_\_\_ 19 \_\_\_\_\_ to 3-7 19 42  
that I last saw her alive on 3-7 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 12 hrs

Due to Intestinal fistula 1938

Due to Repair postoperative hemorrhage 1936

Other conditions (Include pregnancy within 3 months of death) 1200

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Means of injury)  
23. Signature Philip G. Behring (M.D. or other) MD  
Address 1420 Prof Bldg Date signed 3/9/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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.....

*Ray E. Snow*  
Licensed Embalmer No. *2560*

P. O. Address *12 E 7th*

**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.**