

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: Lakeside Hosp 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 hrs (Specify whether years, months or days) 26 yrs

3. (a) PRINT FULL NAME DOMNICK MATURO
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 513-14-1313

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married 1 divorced married
 6. (b) Name of husband or wife Bernadine 6. (c) Age of husband or wife if alive 19 years
 7. Birth date of deceased Aug 29 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>6</u>	<u>5</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Domnick Maturo
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Maria Valenti
 15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Maturo

(b) Address 540 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 3-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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. 540 Holmes
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4 year 42 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 1950 to 1950 that I last saw Deputy Coroner and that death occurred on the date and hour stated above.
 Immediate cause of death Air Embolism
Trauma to Uterus

Duration

Due to 1950
99

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

Major findings: Of operations.....
 Of autopsy.....

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) 123

(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 3

23. Signature Russell (M. D. or other)

Address Cent Date signed.....

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.....

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 150 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.