

FILED APR 1 1947
Registration District No. 299

Primary Registration District No. 1002

048
3
8

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

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:
915 E 4th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 40 yrs (Specify whether 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. 915 E 4th
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME CATARINA CALANDRINA

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex F 5. Color or race N

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Seasano

6. (c) Age of husband or wife if alive, years 24

7. Birth date of deceased Oct 24 1862
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business.....

12. Name Bert Guiciardo

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

14. Maiden name Lena Lazia

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

16. (a) Informant Mrs. Ivan Van Dyke

(b) Address Dundee Hills N.K.C.

17. (a) Burial Mount St. Mary's Cem. (b) Date thereof 3/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Sebbeto

(b) Address 901 E. 5th

19. (a) 3-17-42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from June 15 1942 to Mar 15 1942
that I last saw her alive on Mar 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
arteriosclerotic
diabetes mellitus

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 61

PHYSICIAN

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)
(e) Means of injury.....

23. Signature H. Trippe (M. D. or other) M.D.
Address 1022 Maple Date signed 3/16/42

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. R E M

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.