

FILED APR 25 1942
399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1481

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community 30 yrs
 years, months or days

3. (a) PRINT FULL NAME LORENZO Lamantia
 (b) If veteran, name war No
 (c) Social Security No. None

4. Sex Male
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Rosalina La Mantia
 (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July 30 1864
 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 12
 If less than one day hr. min.

9. Birthplace Palermo Italy
 (City, town or county) (State or foreign country)
 10. Usual occupation Retired

11. Industry or business
 12. Name Joseph La Mantia
 13. Birthplace Palermo Italy
 (City, town or county) (State or foreign country)
 14. Maiden name Catarina Fratelli
 15. Birthplace Palermo Italy
 (City, town or county) (State or foreign country)

16. (a) Informant Rosalina La Mantia
 (b) Address 3332 Woodland
 17. (a) Burial (b) Date thereof 4/15/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director R. C. M. O.
 (b) Address K. C. M. O.
 19. (a) 4-14-42 (b) Mr. M. Crowe
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3332 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 12th
 year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4-3-42 19. to 4-12-42 19.
 that I last saw him alive on 4-12-42 19.
 and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic bronchopneumonia
 Due to Post operative urethral stricture with retention of urine
 Due to 136a
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy None
 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)
 (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) (c) Means of injury 0
 23. Signature Drury R. Thom (M. D. or other)
 Address Med. Dir. K.C. Gen. Hospital K. C. Mo.

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

1838

MOTHER FATHER

201101

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 *John B. Lutz*
Licensed Embalmer No.....
P. O. Address *K C Mo*

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.