

FILED MAY 12 1942

Registration District No. 399

Primary Registration District No. 1002

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

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:  
200 S. Jackson  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 3.5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 200 S. Jackson  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUIGINA OLIVITO  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 6 day 21 year \_\_\_\_\_ hour \_\_\_\_\_ minute 00 M.  
 21. I hereby certify that I attended the deceased from 4-9 to \_\_\_\_\_ 19\_\_\_\_  
 that I was presently alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

4. Sex Female 5. Color or race wh  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec-13-1889  
 (Month) (Day) (Year)

Duration \_\_\_\_\_  
Edema of the brain  
Acute pulmonary edema & congestion  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years 52 Months H Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Catanzaro Italy  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation seamstress

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy h/o

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Francesco Beracqua  
 13. Birthplace Italy  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Giuliana Genovese  
 15. Birthplace Italy  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Sam Beracqua  
 (b) Address 200 S. Jackson  
 17. (a) burial (b) Date thereof 4/23-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Mary's  
 18. (a) Signature of funeral director Peter B. Papetina  
 (b) Address A. C. Mo  
 19. (a) Apr 21 1942 (b) M. M. Crow  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
 While at work \_\_\_\_\_ (Specify place of place) (Cause of injury)  
 23. Signature A. C. Mo (M. D. or other) \_\_\_\_\_  
 Address A. C. Mo Date signed \_\_\_\_\_

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

MAY 12 1948

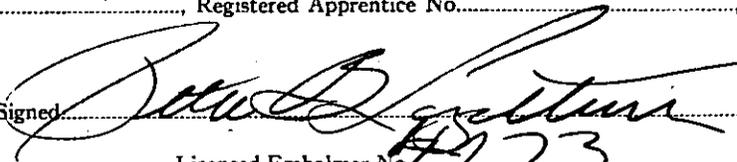
---

---

**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



Licensed Embalmer No.....

P. O. Address.....

73  
Kc 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.**