

FILED JUN 3 1942
Registration District No. **39429**

Primary Registration District No. **1002**

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Research Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs
(Specify whether _____)

In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")

(d) Street No. 2456 Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rose Valenti

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Joe

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

7. Birth date of deceased Jan 8 1902
(Month) (Day) (Year)

8. AGE: 40 Years Months Days If less than one day
4 17 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Santo Cartella

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

14. Maiden name Josephine Bussater

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

16. (a) Informant Joe Valenti

(b) Address 2456 Indiana

17. (a) Burial (b) Date thereof 5/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director A. Sclibetta

(b) Address 901 E 5th

19. (a) 5-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 25
year 1942 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from May 12 1942 to May 24 1942
and that I last saw him alive on May 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Severe cerebral hemorrhage

Due to arterial hypertension

Other conditions (Include pregnancy within 3 months of death) - 83a

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) _____

(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 0

23. Signature Anthony Saladino (M. D. or other) _____
Address 721 Rialts Pkwy Date signed 5/26/42

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. Sinner

Licensed Embalmer No. *2560*

P. O. Address *K. O. 7m*

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.