

FILED JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2386

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 days
 (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. 2741 Brighton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Phillipo Lamanno

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Mary Lamanno 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Dec. 17 1867
 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Biaggio Lamanno
 13. Birthplace Italy (City, town, or county) (State or foreign country)
 14. Maiden name Do not know
 15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Joe Lamanno
 (b) Address 2741 Brighton

17. (a) Burial (b) Date thereof 6 22 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Passantino Bros.

(b) Address Kansas City Mo.

19. (a) 6/21/42 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1942 hour 2 P.M. minute _____
 21. I hereby certify that I attended the deceased from April 10 - 6
June 20 - 1942 to _____, 19____
 that I last saw him alive on June 20 - 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary - peritoneal glands.
 Due to _____ 46 1/2

Due to _____
 Other conditions Intestinal obstruction.
 (Include pregnancy within 3 months of death)

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 _____, in industrial place, in public place?

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature MAN Baldwin (M. D. or other)
 Address Prof. Bldg. 16 C. Mo. signed _____

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

MOTHER FATHER

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.....

Park Rowe

Licensed Embalmer No. *2347*

P. O. Address. *14 Cmo*

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.