

FILED AUG 1 1942 99

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **2760**

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:
Little Sisters of the Poor
5331 Highland
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether years, months or days) **6 mo**

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. **5331 Highland**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Celeste Fiorio**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Aventino Fiorio** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1868**
(Month) (Day) (Year)

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

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **John Delasqua**

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

14. Maiden name **Maria Monte**

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

16. (a) Informant **Pauline Costa**

(b) Address **Septon Hotel**

17. (a) Burial (b) Date thereof **July 21 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cemetery**

18. (a) Signature of funeral director **John T. Skennis**

(b) Address **20 West Linwood**

19. (a) **7/20/42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **19th** day **July**
year **1942** hour **2:30** minute **P** M.

21. I hereby certify that I attended the deceased from **MAY 12th** 1942 to **July 19** 1942
that I last saw her alive on **July 9** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thromboses**
Due to **Arteriosclerosis**
Several years

Other conditions **82B**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **no**

Duration
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?
White at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **John T. Skennis** (M. D. or other) **MD**
Address **11402 Bryant Hwy** Date signed **7/19/42**

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

48
3
8

341

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.....

Jack W. Laybourne

Licensed Embalmer No. *1715*.....

P. O. Address *R. E. 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.