

FILED AUG 1 1942 **399**
Registration District No. **399**

Primary Registration District No. **1002**

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: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 days**
(Specify whether years, months or days)

In this community **35 yrs**

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. **537 Charlotte**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **TONY GIBAROSA**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Vita**

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

7. Birth date of deceased **Aug 29 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **19** If less than one day **hr. min.**

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

10. Usual occupation **Seaman**

11. Industry or business **FOR SELF**

12. Name **Nick Gibarosa**

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

14. Maiden name **Delia Cassida**

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

16. (a) Informant **JOE SWONKO**

(b) Address **537 Charlotte**

17. (a) **Burial** (b) Date thereof **7 12 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Sebetas**

(b) Address **906 E 5th**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18th**
year **1942** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **7-16-42** to **7-18-42**
that I last saw him **in** alive on **7-18-42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignancy of kidney, not confirmed by autopsy; auricular fibrillation**

Due to **50%**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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

23. Signed **Amey R. Howe** (M. D. or other) **0**
Address **Med. Bldg. K.C. Gen. Hospital K.C. Mo.** signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
3
8

48
3
8

361

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. Snow
Licensed Embalmer No. 2560
P. O. Address Linnwood at Olive

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.