

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 hrs.
(Specify whether years, months or days)
 In this community 12 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. 910 E. Fifth St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

James Fusone

3. (b) If veteran, name war Child

3. (c) Social Security No. Infant

4. Sex Male 5. Color or Race W. 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased June 5, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Mr. John Fusone

13. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Carmen Amaro

15. Birthplace Moline Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Father, Mr. John Fusone

(b) Address 910 E. Fifth St.

17. (a) Burial (b) Date thereof Jan 8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director [Signature]

(b) Address 1500 Mo

19. (a) Dec 31 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-30-42 day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-29-42 to 12-30-42; that I last saw him alive on 12-30-42 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 2-3 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pneumonia, lobar.

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 _____

23. Signature E. J. Blasecock, M.D. (M. D. or other)

Address 1306 Prob. Bldg. K.C. Mo Date signed 12-31-42

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 *John B. [Signature]*

Licensed Embalmer No. *4273*

P.O. Address *KCMO*

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.