

FILED DEC 18 1942  
149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4485

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson  
(c) Name of hospital or institution: 4104 Indep Lane  
(d) Length of stay: In hospital or institution 24 yrs  
In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C.  
(d) Street No. 511 Holmes  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Italy

3. (a) PRINT FULL NAME

Dominica Rizzo

(b) If veteran, name war

no

(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 Calogero

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Aug 28 1883

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1942 hour 3 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov 25 - 1942 to Dec 2 (11 A.M.) 1942 that I last saw him alive on Dec 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: box emia

Due to Parkinson's disease

Due to Arterial hypertension

Other conditions: 87c.

Major findings: Of operations

Of autopsy

Duration 7 days  
Physician

8. AGE: Years Months Days

59

Months 3

Days 4

If less than one day hr. min.

9. Birthplace

Italy

Italy 5

10. Usual occupation

Housewife

11. Industry or business

12. Name

Letizia Nidelicata

13. Birthplace

Italy 5

14. Maiden name

Andre Maio

15. Birthplace

Italy 5

16. (a) Informant

Calogero Rizzo

(b) Address

511 Holmes

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12/14/42

(c) Place: burial or cremation

Mt St Mary Cem

18. (a) Signature of funeral director

Sebbato

(b) Address

901 E 5th

19. (a) 12-3-42

(b) M. M. Crowe

(Registrar's signature)

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Anthony Saladino (Specify type of place) Means of injury

23. Signature Anthony Saladino (M. D. or other)

Address 121 Rialto Bldg Date signed 12-3-42

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

MOTHER FATHER

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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..... *1507W*.....

**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.**