

FILED MAR 5 1948
Registration District No. 51989

Primary Registration District No. 1002

State File No. _____
Registrar's No. 866

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution:
609 Elmwood 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. 21 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Elmwood
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TOMMASO GENNACCARO

3. (b) If veteran, name war none 3. (c) Social Security No. 416-09-8591

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

6. (b) Name of husband or wife Luigina 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 14 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business Giovanni Gennaccaro

12. Name Giovanni Gennaccaro

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

14. Maiden name Carmela Scarso

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

16. (a) Informant John Gennaccaro

(b) Address 609 Elmwood

17. (a) Burial (b) Date thereof 2/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director Sebbet's

(b) Address 901 E 5th K.C. Mo

19. (a) 2-19-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1943 hour 4 A minute _____ M.

21. I hereby certify that I attended the deceased from 27 1942 to Feb 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 day

Due to Malignant arterial hypertension 1942

Due to _____

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

Major findings:
Of operations _____

Of autopsy no

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 A. Saladino (M. D. or other) _____

Address 721 North 10th Date signed 2/19/43

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 K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 5189-43

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 866

On this 28th day of April, 1959, before me appears

Dr. A. Saladino, who, upon his oath, states that the original record of birth death

for Tommaso Gennaccaro ^{born} ~~born~~ Feb. 18, 1943, in the State of

Missouri, and which was filed at ^{Kansas} ~~Jefferson~~ City, Missouri on 2-19, 1943, should be corrected as follows:

Item No. 3 should read Tommaso Iennaccaro

Instead of Tommaso Gennaccaro

Item No. 12 should read Giovanni Iennaccaro

Instead of Giovanni Gennaccaro

Item No. 16a should read John Iennaccaro

Instead of John Gennaccaro

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant 1040 Perryville Blvd R.C. Mo.
Dr. A. Saladino Relationship

Present Address.

Subscribed and sworn to before me this 28th day of April, 1959

My Commission expires Feb. 4, 1963 Maurice E. Benson Notary Public

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

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