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M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

9095

State File No.

FILED MAR 25 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1322

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 Woodland. 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 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3
(c) City or town Kansas 8
(If outside city or town limits, write "RURAL")
(d) Street No. 523 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Gurera

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 1 white

6. (a) Single, widowed, married, divorced 2 Widow.

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Feb. 23 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months – Days 19 21 If less than one day hr. min.

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

10. Usual occupation Home.

11. Industry or business

FATHER
12. Name Paul Caccoppa
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Antonina Ciccera
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mike Gurera
(b) Address 597 Forest Ave

17. (a) Burial (b) Date thereof March 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary's

18. (a) Signature of funeral director Passantino Bros
(b) Address K C Mo

19. (a) 3-17-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1943 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from march 8, 1943, to march 14, 1943
that I last saw her alive on 6 A.M. – march 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia — Duration 1 day
Due to Double Lobar (acute) Pneumonia — 7 days
Due to 10%
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. Saladius (M. D. or other)
Address 721 Rialto Bldg Date signed 3/17/43

(Licensed Embalmer's Statement on Reverse Side)

Dr A Schadine

## 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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.**