S. No. 2
M—5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9188

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1168

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: K.C. CONVELASCENS HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 WEEKS (Specify whether years, months or days)
In this community: 32 YR'S

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 810 BENTON BLVD (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: ITALY

3. (a) PRINT FULL NAME: Anthony MANISCALCO
3. (b) If veteran, name war: No
3. (c) Social Security No.: NO

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: JULY (Month) 19 (Day) 1870 (Year)

8. AGE: 72 Years | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace: CASTEL NOVA (City, town, or county) ITALY (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business:
MOTHER FATHER
12. Name: UNKNOWN
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: PIO PITASSI (FRIEND)
(b) Address: 810 BENTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. MARY'S CEM.
18. (a) Signature of funeral director: Peter D. Lapetina
(b) Address: KC MO
19. (a) 3-8-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour 4 minute 25 A.M.
21. I hereby certify that I attended the deceased from 2-18-43 to 3-5-43, 19..., that I last saw him alive on 3-5-43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Arteriosclerosis
Due to: MI
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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: J. H. Kinnyman (M. D. or other)
Address: 3200 Holmes Date signed: 3-5-43

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4273

P. O. Address KC 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.