

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3123

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:
516 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 516 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Filomena Chimenti

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. P. A. Chimenti 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept 8 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Petrio Nucito

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

14. Maiden name Louisa Nucito

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

16. (a) Informant Mr P. A. Chimenti
(b) Address 516 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo.

19. (a) 7-16-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 10 1943 to June 12 1943 that I last saw her alive on June 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to Hypertension

Due to arteriosclerosis 930

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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. E. Scardino (D. or other) D.O.
Address 2603 Ind. ave Date signed 7/16/43

115 Dr. office.
Stacy, Blvd. & Prospect.

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interment
interment

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 Paul G. Poive

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.