

FILED OCT 13 1943

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **4153**

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:
552 Tracy Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 years**
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. **552 Tracy Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Paquga Fiorello**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **29**
year **1943** hour **4** minute **20** **AM**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr Nick Fiorello** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **March 25 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9-25-43**
to **9-28-43**
that I last saw her alive on **Sept 28 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 **6** **4** hr. _____ min.

Immediate cause of death **Coxsackie**
Duration **2 days**

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

Due to **Arterial hypertension**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **House Wife**

11. Industry or business _____
12. Name **Neno Lombasona**
13. Birthplace **Italy** (City, town, or county) (State or foreign country) **5**
14. Maiden name **Maria Amenago**
15. Birthplace **Italy** (City, town, or county) (State or foreign country) **5**

Major findings: **102**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Nick Fiorello**
(b) Address **552 Tracy Ave**

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? _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 30 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mt. St. Marys**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. Saladus** (M. D. or other)
Address **721 Prial 5th** Date signed **9/30/43**

18. (a) Signature of funeral director **Passantino Bros**
(b) Address **Kansas City Mo.**
19. (a) **9-30-43** (Date received local registrar) (b) **T. E. Brown** (Registrar's signature)

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

MOTHER FATHER

361

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 Y. 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.