

FILED SEP 28 1939

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3927

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1133 E 9th 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 25 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. 1133 E 9th Ave
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Josephine Gagliano
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 11 year 43 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from Ann 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Leonardo 6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased: Dec 25 1888
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to 93d

8. AGE: Years 54 Months 59 Days 8 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carl La Bella

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

14. Maiden name Francis Calamia

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

16. (a) Informant Mike Gagliano

(b) Address 1133 E 9th Ave

17. (a) Burial (b) Date thereof 9/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

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

(b) Address 901 E 5th

19. (a) 9-13-43 (b) J.E. Brown, Dep
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy hypertrophied heart

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? _____

23. Signature OSTET 3 (Specify type of place) (e) Means of injury 9/11/43
Address Ann Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 O 7th

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.