

FILED NOV 19 1943

Registration District No. **149**

Primary Registration District No. **1002**

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: **2821 18th gr**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **PETER VESCOVI**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Angelina** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Jan 25 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **29** If less than one day hr. min. **5**

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

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Michael Vescovi**
13. Birthplace **Italy** (City, town, or county) (State or foreign country)
14. Maiden name **Theresa Muscetti**
15. Birthplace **Italy** (City, town, or county) (State or foreign country)

16. (a) Informant **Angelina Vescovi**

(b) Address **2821 18th gr**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-26-43** (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys**

18. (a) Signature of funeral director **John B. Agustin**

(b) Address **1507 Mth St**

19. (a) **10-25-43** (Date received local registrar) (b) **D. E. Brun** (Registrar's signature)

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. **2821 18th gr** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24th** year **1943** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19... that I last saw him **alive** on 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction**
Due to **Post-operative, for**
Carcinoma of Stomach
Other conditions (Include pregnancy within 3 months of death) **46.5**

Major findings: Of operations **See Above**
Of autopsy **See Above**

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) (b) Means of injury
23. Signature **D. E. Brun** (M. D. or other) **M.D.**
Address **23 Mth St** Date signed **10-24-43**

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..... *John B. [Signature]*

Licensed Embalmer No. *4273*

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

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.