

FILED FEB 24 1944

Registrar's No. 630

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: General Hospital # 1

(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 27 days

In this community 35 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Sam Begulia Jr.

3. (b) If veteran, name war: _____

3. (c) Social Security No. 500-20-4465

4. Sex: M Color or race: W

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: June 12 1908

(Month) (Day) (Year)

8. AGE: 35 Years 7 Months 15 Days

If less than one day hr. min.

9. Birthplace: KC Mo. 0

(City, town, or county) (State or foreign country)

10. Usual occupation: News Peddler

11. Industry or business: _____

12. Name: Salvatore Begulia

13. Birthplace: Italy 5

(City, town, or county) (State or foreign country)

14. Maiden name: Giovanna Gisha

15. Birthplace: Italy 5

(City, town, or county) (State or foreign country)

16. (a) Informant: Salvatore Begulia

(b) Address: 570 Tracy

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 2/19/44

(Month) (Day) (Year)

(c) Place: burial or cremation: St Mary's Cem

18. (a) Signature of funeral director: Sebeto's

(b) Address: 901 E 5th

19. (a) 2-8-44 (Date received local registrar)

(b) T. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8

(d) Street No.: 570 Tracy

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7

year 1944 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 12 1944 to Feb 7 1944

that I last saw him alive on Feb 7 1944

and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myelogenous Leukemia

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): 74a

Major findings: _____

Of operations: _____

Of autopsy: see above

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: S.M.O.

23. Signature: A. E. Upsher (M. D. or other)

Address: _____ Date signed: _____

AUG 26 1946

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.....

Licensed Embalmer No. *25760*

P. O. Address..... *K E M*

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.