

State File No. _____

Registrar's No. 1818

Registration District No. 149

Primary Registration District No. 1002

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

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: Research Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. (Specify whether)

In this community 28 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. 306 Holmes
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No) 0
If yes, name country Italy

3. (a) PRINT FULL NAME CARMELA TUZZOLENO

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Antons

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

7. Birth date of deceased Dec 11 '64
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>12</u>	hr. min.

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____

12. Name John Tremant

13. Birthplace Italy 4
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Posing

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

16. (a) Informant Josephine Tuzzoleno

(b) Address 306 Holmes

17. (a) Burial (b) Date thereof: 4/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 901 E 5th

19. (a) 4-25-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 20 44 to 4-23 44
that I last saw her alive on 4-23 44
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to Strangulated Umbilical hernia

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

PHYSICIAN

Major findings: Strang. Umb. hernia

Of operations _____

Of autopsy 1270

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)

Means of injury _____

23. Signature Dr. J. M. [unclear] (M. D. or other) _____

Address Prof. J. M. [unclear] Date signed 4/25/44

Montgomery
Jan 16/48
Booth

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.....

..... P. O. Address.....

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.