

FILED JUL 8 1944

Registration District No. **199** Primary Registration District No. **1002** Registrar's No. **2648**

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:
St Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days (Specify whether
 In this community 15 years years, months or days)

3. (a) PRINT FULL NAME Mike Sanza
 3. (b) If veteran, name was none
 3. (c) Social Security No. 496-09-0560

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Mary Sanza
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased June 11 1902
 (Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 10
 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Ben Sanza 5
 13. Birthplace Italy (State or foreign country)
 14. Maiden name Caroline Mally
 15. Birthplace Italy (State or foreign country)

16. (a) Informant Mrs Mary Sanza
 (b) Address 2015 1/2 Indep Blvd.

17. (a) Burial (b) Date thereof 6/24/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Pascentio Bros.
 (b) Address Kansas City MO

19. (a) 6-24-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson 48
 (c) City or town Kansas City MO 3
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. 2015 1/2 Indep Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1944 hour 4 minute 10 a.m.

21. I hereby certify that I attended the deceased from June 12
 1944 to June 22 1944
 that I last saw him alive on June 22 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
 Due to peritonitis, local
adenocarcinoma of
pylorus of stomach

Duration
2 hours
6 days
6 MO

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations as above 4/6/44
 Of autopsy as above 3

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?

(Specify type of place) While at work? Means of injury
 23. Signature: John T. Skyrner (M. D. or other) MD
 Address 1102 Grand Ave Date signed 6-23-44

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 Paul H. Rowe

Licensed Embalmer No. 2347

P. O. Address Kansas City 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.