

FILED OCT 24 1944
149
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4130

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

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

(d) Length of stay: In hospital or institution 1

In this community 16 yr - 10 - 20 d. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARION MAUCELLI

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Nov 21 - 1927
(Month) (Day) (Year)

8. AGE: Years 16 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name Anthony Maucelli

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

14. Maiden name Frances Macarata

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

16. (a) Informant Anthony Maucelli

(b) Address 379 Tracy

17. (a) Funeral (b) Date thereof 10-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int St Marys

18. (a) Signature of funeral director W. E. Brown

(b) Address 155 Mo

19. (a) 10-13-44 (b) D. E. Brown
(Date received local registrar) (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. 519 Tracy
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1944 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from 11 to 19 that I last saw him alive and that death occurred on the date and hour stated above.

Reputy Coroner

Immediate cause of death Gunshot Wound of Head.

Due to Head.

Other conditions 184-8
(Include pregnancy within 3 months of death)

Major findings: 184-8
Of operations 17

Of autopsy Inspection & history

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence October 10, 1944

(c) Where did injury occur? Kansas City
(City or town) (County) (State)

(d) Did injury occur in no or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)

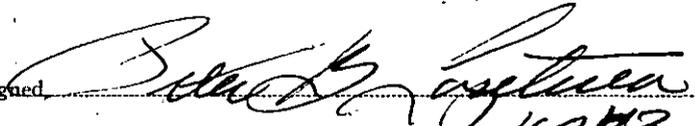
23. Signature A. E. Weeper (M. D. or other) MD
23 Mcloy Date signed 10/12/44

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

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. 4243

P. O. Address KC 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.