

FILED NOV 20 1944

Registration District No. _____ 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: _____
(If not in hospital or institution, write street number or location) 1206 Admiral

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 29 years years, months or days

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. 1206 Admiral
(If rural, give location)

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

3. (a) PRINT FULL NAME MARIANO LOMBARDO

3. (b) If veteran, name war No

3. (c) Social Security No. 491-20-0809

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1944 hour 2 minute a M.

4. Sex Male 5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vencie Lombardo

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

7. Birth date of deceased Aug 2nd (Month) 1892 (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1944, to Nov 6, 1944, that I last saw him alive on Nov 6, 1944, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of stomach and liver with general metastasis

Due to _____

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

Due to 46 hr

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

10. Usual occupation Salesman

Major findings: Carcinoma Liver and abdominal organs

11. Industry or business Community Bakery

Of operations _____

12. Name Trancesco Lombardo

Of autopsy _____

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

14. Maiden name Maria Zumbo

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

16. (a) Informant Vencie Lombardo

(b) Address 1206 Admiral

17. (a) Burial (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Hospital

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) 11-10-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 _____

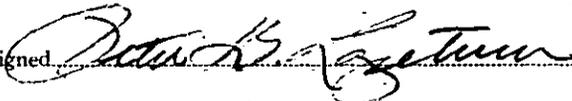
23. Signature [Signature] (M. D. or other) _____

Address 1405 Bryant Bldg Date signed 11/10/44

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.....
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.