

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5151

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

(d) Length of stay: In hospital or institution 14 years
(Specify whether years, months or days)

In this community 40 yrs

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. 539 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME ANTONINO CASCIO

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1944 hour 2:15 minute P M.

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

4. Sex Male 5. Color W 6. (a) Single, widowed, married single
divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 12 1879
(Month) (Day) (Year)

Immediate cause of death pneumonia Bronchial

Due to Malnutrition

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

8. AGE: Years 65 Months 6 Days 5 If less than one day hr min.

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

10. Usual occupation Retired

Major findings: History + Inspection

Of operations _____

Of autopsy not

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? _____

11. Industry or business _____

12. Name Joe Cascio

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

14. Maiden name Rosana Cascio

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

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? _____

16. (a) Informant Mrs Tony Monaco
(b) Address 409 Fairfield

17. (a) Burial (b) Date thereof 12-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director St Marys
(b) Address _____

19. (a) 12-19-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James Walker (M. D. or other) come
Address 1424 1/2 W. 11th St. Mo Date signed 12-18-44

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

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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 *John B. Lupton*

Licensed Embalmer No. *4773*

P. O. Address. *152710*

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.