

FILED JAN 11 1945

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5290

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town JC  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
522 Harrison  
(If not in hospital or institution, write street number or location)

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

In this community since 1893

3. (a) PRINT FULL NAME GIOVANNI LEVANTINO

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M Color or race W

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

6. (b) Name of husband or wife Gianna

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

7. Birth date of deceased Jan 6 1860  
(Month) (Day) (Year)

8. AGE: 84 years Months 11 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Luciano Levantino

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. John Calcaro

(b) Address 522 Harrison

17. (a) Burial (b) Date thereof 12/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (c) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 12-27-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town JC  
(If outside city or town limits, write "RURAL")

(d) Street No. 1132 Mo Ave  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1944 hour 6 minute 4

21. I hereby certify that I attended the deceased from Dec 6 1944, to Dec 25 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration  
middle  
12/25-44  
6 A.M.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy NO

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Saladino (M. D. or other) \_\_\_\_\_

Address 721 Biatts Date signed 12/26/44

**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..... *Ray E Snow* .....  
Licensed Embalmer No..... *2560* .....  
P. O. Address..... *K. L. 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.**