

FILED JAN 26 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 90

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:
Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)
 In this community unk

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kansas
(If outside city or town limits, write "RURAL")
 (d) Street No. 1128 Pacific St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Pietrina Morano
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Joseph Morano
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased May - 1 - 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 5
If less than one day hr. _____ min. _____

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Dasta
 13. Birthplace Italy 5
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Bellaschi
 15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Morano

(b) Address 1128 Pacific St KCMO

17. (a) Burial (b) Date thereof Jan 9, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Mary's

18. (a) Signature of funeral director Jassant Mo Bras

(b) Address K C M O

19. (a) 1-8-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
 year 1945 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from Dec. 27 - 1944 to Jan 6 - 1945
 that I last saw her alive on Dec 6 - (9 AM) 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Diabetes Mellitus
 Duration 1430

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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 A. Saladen (M. D. certifying)
 Address 771 Realty Bldg Date signed 1/8/45

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

Dr. Salgado

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..... *Francis Walter*

Licensed Embalmer No. *2744*

P. O. Address..... *K C, 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.