V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8496

FILED APR 5 1945

Registration District No. 999 Primary Registration District No. 1002 Registrar's No. 1323

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1131 Paseo
(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 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 1131 Paseo (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME NICOLINA CAMMISA
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Pete
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June (Month) 10 (Day) 1879 (Year)
8. AGE: Years 65 Months 9 Days 10 If less than one day ..... hr. ..... min.
9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dominick Busamano
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Palucci
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J. Caruso
(b) Address 1131 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cem
18. (a) Signature of funeral director Sebbeto's
(b) Address 901 E 5th
19. (a) 3-22-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1945 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 9-15- 1944 to 3-20- 1945 that I last saw her alive on 3-20-8 AM 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to: Arterial hypertension	9/15
Due to: Diabetes Mellitus	1944

Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations 61
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Anthony Sabadus M. D. or other
Address 121 Rialto Bldg Date signed 3/22/45

(Licensed Embalmer's Statement on Reverse Side)

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 K6 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.