. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1945
FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16100

Registrar's District No. 799 Primary Registration District No. 1002 Registrar's No. 2092

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: Servant de General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 22 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 323 Olive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carl Tucarico
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 28 1922 (Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER 12. Name Nick Tucarico
FATHER 13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Grace Sapienzo
MOTHER 15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Mary McMurray
(b) Address 323 Olive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director Valentine Ros
(b) Address Kansas City Mo
19. (a) 5-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1945 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from 5-9-45, 19..., to 5-10-45, 19...; that I last saw h... alive on 5-10-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	1 week
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death) Acquired Kyphosis and Lordosis
Major findings:
Of operations
Of autopsy 108

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

23. Signature Frank T. Machovec (M. D. or other) D.O.
Address 207 Gorfield ave. Date signed 5-12-45

361 (Licensed Embalmer's Statement on Reverse Side)

SEP 18 1945

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. Frances Walton

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.