

FILED OCT 1 1945

State File No. _____
Registrar's No. 3902

Registration District No. 149 Primary Registration District No. 1002

#3,6 amended by affidavit of great-grandson, decedent's-
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
marriage license & surviving spouse's Italy birth record 07-15-13 mid

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:
326 Wabash Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 20 years

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Giuseppa Caccioppo 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 26 1898
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Fruit stand owner

11. Industry or business _____

12. Name Paul Caccioppo

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

14. Maiden name Maria Caccioppo

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

16. (a) Informant Josie Caccioppo

(b) Address 326 Wabash Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Pascanino Bros
(b) Address 11 C MO

19. (a) 9-21-45 (Date received local registrar) (b) Gertrudine Holmes (Registrar's signature)

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. 326 Wabash Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1945 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 10th
1945, to Sept 20th 1945
that I last saw him alive on Sept 20th 1945
and that death occurred on the date and hour stated above
Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis
Due to _____
Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy clotted blood in ventricles and subarachnoid space

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 Wm. H. Miller (M. D. or other)
Address 929 Bryant Blvd Date signed 9/24/45

PHYSICIAN
Underline the cause to which death should be charged on this report

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.