

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

State File No. **29622**  
Registrar's No. **3963**

**FILED** OCT 8 1945

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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:  
**355 North Van Brunt Blvd.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**  
(Specify whether)

In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **JASPER De MARIA**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Ma** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Nickelene DeMaria**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **May 7 1903**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>4</b>	<b>18</b>	<b>hr. min.</b>

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney at Law**

MOTHER FATHER

11. Industry or business **Frank DeMaria**

12. Name **Salapurata Italy**

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

14. Maiden name **Italy**

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

16. (a) Informant **Dr. Peter F. DeMaria**

(b) Address **8125 E. Gregory**

17. (a) Burial (Burial, cremation, or removal) **Burial**

(b) Date thereof **9-28-45**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **9-26-45** (Date received local registrar)

(b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **355 North Van Brunt Blvd.**  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25**  
year **1945** hour **12 P M** minute **.....** M.

21. I hereby certify that I attended the deceased from **Nov 1943** to **Sept 25 1945**  
that I last saw him, alive on **Sept 25 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage + Cardiac Failure**

Due to **Malignant Hypertension**

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g30**

Of autopsy **none**

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 **Peter F. De Maria** (M. D. or other)

Address **8125 E. Gregory Blvd** Date signed.....

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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..... *Cecil R. Matthes*.....

- Licensed Embalmer No. *3807*.....

P. O. Address..... *Kansas City, 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.**