

FILED OCT 13 1945
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State File No. _____
Registrar's No. 4090

Registration District No. _____ Primary Registration District No. 1002

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:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community unknown
years, months or days

3. (a) PRINT FULL NAME Ferrara, Joe

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 15 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

MOTHER FATHER

11. Industry or business _____

12. Name Carlo Ferrara

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

14. Maiden name Ungarino Palabino

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

16. (a) Informant Nancy Ferrara

(b) Address 6015 E 9th St

17. (a) burial (b) Date thereof Oct 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Barantini Bros

(b) Address _____

19. (a) 10-5-45 (b) Geraldine Holmes
(Date received local registrar) (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. 709 Washington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1945 hour 10 minute 39 P.M.

21. I hereby certify that I attended the deceased from October 2 1945 to October 3 1945
that I last saw him alive on October 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death extreme inanition

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2 vov

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 Clark W. Seely (M. D. or other) _____

Address Med. Dir. K. C. General Hospital

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

18
3
8

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 Walton*

Licensed Embalmer No. *9744*

P. O. Address *R 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.