

FILED JAN 31 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
536 Forest 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME TONY GUIGNINO

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Angela 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 28 1876
(Month) (Day) (Year)

8. AGE: 69 Years 6 Months 12 Days If less than one day hr. min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation RR laborer

11. Industry or business

12. Name Jasper Cavallato

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Cherideme Unknown

15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Angela Guignino

(b) Address 536 Forest

17. (a) Burial (b) Date thereof 1/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sebbeto's
(b) Address city

19. (a) 1-12-46 (b) Seraldine Halmed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town KC
(If outside city or town limits, write "RURAL")
(d) Street No. 536 Forest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1946 hour 3:20 minute P.M.

21. I hereby certify that I attended the deceased from Jan 2nd 1946
Jan 10th 1946 and that I last saw him alive on Jan 10th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Pneumonia
Labial type

Due to poor resistance

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

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

Signature A. E. Scardino or other D.O.
Address 929 Bryant Bldg Date signed 1/11/46

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

MOTHER FATHER

Dr. Scardino

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.....

Licensed Embalmer No.....

P. O. Address.....

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.