

**FILED** APR 19 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1380

**1. PLACE OF DEATH:**

(a) County Jackson  
 (b) City or town Warrens City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Catholic Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2-13-46-3-20-46  
(Specify whether  
 In this community 20 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Jackson  
 (c) City or town Warrens City MO  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1416 Independence Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Maetano (Tony) Vaccaro

3. (b) If veteran, name war None (c) Social Security No. Da mat know

4. Sex Male 5. Color or White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jimmie Vaccaro  
 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased Aug 8 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clarks

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Louis Vaccaro  
 13. Birthplace Italy (City, town, or county) (State or foreign country) Italy  
 14. Maiden name Anna Adaro  
 15. Birthplace Italy (City, town, or county) (State or foreign country) Italy

16. (a) Informant Jimmie Vaccaro  
 (b) Address 1416 Independence Ave.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery 15th MO  
 18. (a) Signature of funeral director Pomratz Bros  
 (b) Address Warrens City MO

19. (a) 3-22-46 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 20 year 1946 hour 4 minute 0 M.  
 21. I hereby certify that I attended the deceased from Feb 13, 1946 to March 20, 1946 that I last saw him alive on March 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous  
intestinal cancer  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 3 mo  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: Of operations 462  
 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 \_\_\_\_\_  
 23. Signature Dr. C. C. ... (M. D. or other) D.O.  
 Address 36 52 Indep Ave Date signed 3-22-46

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

8653

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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 *J. S. 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.**