

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED APR 22 1946

Registration District No. 149 Primary Registration District No. 1002

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

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: 100 South Lawn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME Margaret Giacalone

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Charles V. Giacalone

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

7. Birth date of deceased June 24 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Domonic Carll

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

14. Maiden name Rose Calderallo

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

16. (a) Informant Mrs. Anna Prussia

(b) Address 703 Wabash, K. C., Mo.

17. (a) Burial (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody McGilley-Eyler

(b) Address 1800 Linwood Blvd., K. C., Mo.

19. (a) 4-11-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 100 South Lawn 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 15-46
to April 11 1946
that I last saw her alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Spleen + Liver 6 weeks
Duration

Due to _____

Due to primary site gall bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 f

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? _____

23. Signature R T G Clair (M. D. or other) _____
Address 5242 1/2 St Date signed 4/11-46

Mr. H. E. Egan
5242 St. Germain
Be 0141
BA 0425

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.