

S. No. 2
M-5-43
7-5-17-39
I X36871

FILED MAY 6 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1943

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 22 years
(Specify whether years, months or days)

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. 3000 Donnelly 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Georgia Sacco

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 married

6. (b) Name of husband or wife Sam Sacco

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 30 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>25</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 11 minute 40A. M.

21. I hereby certify that I attended the deceased from April 12, 1946 to April 25, 1946
that I last saw her alive on April 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chromophobe tumor of pituitary (non malignant)

Due to _____

Due to _____

Other conditions 562
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name George McManaway

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

14. Maiden name Mary Brightler

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

16. (a) Informant Sam Sacco

(b) Address 3000 Donnelly, K. C., Mo.

17. (a) Burial (b) Date thereof 4-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

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

(b) Address 1800 E. Linwood Blvd.

19. (a) 4-26-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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 Wm W Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-25-46

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

Dr. J. F. ...

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 *Oliver E. Heck*
Licensed Embalmer No. *4063*
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.