

No. 2
M-5-43
5-17-39
1 X36671

FILED MAY 20 1946
Registration District No. 797

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 6 days
(Specify whether
 In this community 35 yrs.
years, months or days) MARQUENZIE MAR 66-10

3. (a) PRINT FULL NAME Maria Cucchera CUCCHERA
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Sam Cucchera 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Aug 1 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business
 12. Name Antonio Caruso
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Antonina Zaparda
 15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Vito Caruso
 (b) Address 508 Campbell
 17. (a) Burial (b) Date thereof introductory
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 5/19/46

18. (a) Signature of funeral director Sebbeta's
 (b) Address City
 19. (a) 5-8-46 (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. 924 E 4th
(If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Italy

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5
 year 1946 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 27 1946 to May 5 1946
 that I last saw her alive on May 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy None
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (c) 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 _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Signature Wm W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 8-9-46

Dr. Akley

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 *Ray E Snow*

Licensed Embalmer No. *2020*

P. O. Address *K E M*

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.