

Registration District No. **149** Primary Registration District No. **1002**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)
 In this community **60 years**

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. **5806 Cherry Street** **8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Gregory MARINO**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **24**
 year **1946** hour **12** minute **20 P.** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Mrs. Catherine Marino** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **September 4, 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-1-44** to **6-24-46**
 that I last saw him alive on **6-24-46** and that death occurred on the date and hour stated above.
 Immediate cause of death **Arterio Sclerotic heart disease for years** Duration **24 hrs**

8. AGE:	Years	Months	Days	If less than one day
	82	9	20	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions **Lobar Pneumonia**
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown Italy**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Coal Miner**
 11. Industry or business **Krebs, Okla.**

Major findings: **108**
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Unknown Italy** **5**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown Italy** **5**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Frank Sabato**
 (b) Address **5806 Cherry, K. C., Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-27-46**
(Month) (Day) (Year)
 (c) Place: burial or cremation **St. Mary's**

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? _____

18. (a) Signature of funeral director **Melody-McGilley-Eyler**
 (b) Address **1800 E. Linwood Blvd.**
 19. (a) **6-26-46** (Date received local registrar) (b) **Eeraldine Holmes** (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **A. H. Owens** (M. D. or other) **M.D.**
 Address **1034 Brattle Blvd.** Date signed **6-25-46**

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

19263

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.