

S. No. 2
M-5-43
5-17-39
I X36671

FILED SEP 9 1946
Registration District No. **199**

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:
413 East 6th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **25 Yrs.** years, months or days)

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. **413 East 6th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANTONIO GUSMANO**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **195-24-4252**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65			hr. min.

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

10. Usual occupation **Labor**

MOTHER FATHER

11. Industry or business _____

12. Name **Guissepp & Gusmano**

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

14. Maiden name **Vanana Lanzza**

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

16. (a) Informant **Sam Gusmano**

(b) Address **3803 East 12th St. TERR.**

17. (a) **Burial** (b) Date thereof **Aug. 31, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's**

18. (a) Signature of funeral director **Passantino Bros**

(b) Address **2117 Indep. Blvd.**

19. (a) **8-30-46** (b) **Cheraline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **29**
year **1946** hour **7** minute **30** a.m.

21. I hereby certify that I attended the deceased from **5-5-46** to **Aug 29, 1946**

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Exsanguination - 5-5-46**
Cardiac failure

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy **92a**

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature **A. P. Pladino** (M. D. or other) _____
Address **721 (Pratts)** Date signed **8/31/46**

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 A. C. 720

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.