

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X34671

FILED SEP 3 1946
 199

Registration District No. _____ 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:
General Hospital No. 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 25 years
 years, months or days)

3. (a) PRINT FULL NAME Frank Nuccio
 3. (b) If veteran, name war - no
 3. (c) Social Security No. Do not know

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Florance Nuccio
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec 22 1875
 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 29
 If less than one day _____ hr. _____ min.

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

11. Industry or business _____
 12. Name Frank Nuccio
 13. Birthplace Italy (City, town, or county) (State or foreign country)
 14. Maiden name Do not know
 15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Nuccio
 (b) Address 425 Park
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24, 46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. St. Mary

18. (a) Signature of funeral director Passantino Brad
 (b) Address Kansas City, Mo.
 19. (a) 8-23-46 (Date received local registrar)
 (b) Delphine Holmes (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. 425 Park
 (If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 21
 year 1946 hour 10 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Aug. 17, 1946, to Aug. 21, 1946,
 that I last saw him alive on Aug. 21, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes-Bronchopneumonia
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy None
 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 Wm W. Hart (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed 8-22-46

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

26129

Dr. Whitman

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 *Francis J. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K.C., 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.