

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X34671

**FILED** AUG 19 1946

Registration District No. 149

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  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks 4 days  
(Specify whether years, months or days)

In this community about 15 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mw (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL,")

(d) Street No. 309 North White <sup>8</sup>  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY LUCY TRENOLONE

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
year 1946 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from Aug 5/46  
19\_\_\_\_ to Aug 8/46 19\_\_\_\_  
that I last saw her alive on Aug 8/46 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife John Trenolone

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 12 1880  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma liver <sup>Duration 3 wks</sup>

Due to Pyloric Obstruction  
Stomach

Due to Pulmonary Oedema <sup>40%</sup>  
(Terminal) <sup>12 hrs</sup>

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 6 Days 26 If less than one day hr. min.

9. Birthplace ITALY <sup>2</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Major findings: Carcinoma liver  
Of with Pyloric  
Obstruction

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Vito Zaccagnino <sup>5</sup>

13. Birthplace Italy <sup>3</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Domina <sup>3</sup>  
(City, town, or county) (State or foreign country)

15. Birthplace Italy <sup>3</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph P. Trenolone

(b) Address 2922 Quincy

17. (a) Burial (b) Date there Aug 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at St Marys

18. (a) Signature of funeral director Passantini Bros

(b) Address R.C. Mo

19. (a) 8-10-46 (b) Deraldine Holmes  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury 0

23. Signature Alfred H. Ogilvie <sup>MD</sup>  
Address 1730 Prof Bldg Date signed Aug 10/46  
(M. D. or other)

B 2 John H. Ogden  
V, 3404

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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 N. C. 710

**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.**