

S. No. 2
OM-2-43
v. 5-17-39
P-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37090

State File No. _____

FILED DEC 9 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5025

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: 516 TROOST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON 47

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 516 TROOST 8
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ITALY

3. (a) PRINT FULL NAME ANTONETTE MAZUCH

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 2 minutes 6 A M.

21. I hereby certify that I attended the deceased from August
1946 to Nov. 28, 1946
that I last saw the deceased alive on Nov. 23, 1946
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife RUGGERO MAZUCH 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Auricular Fibrillation Duration 3 mo

8. AGE: Years 76 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions Arterial Hypertension 3 yrs
(Include pregnancy within 3 months of death)

9. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Major findings: Of operations none

Of autopsy none

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

11. Industry or business _____

MOTHER FATHER { 12. Name FRED PENETTI

13. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

14. Maiden name FILomenA I. MARRA

15. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

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? 0
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

16. (a) Informant RUGGERO MAZUCH

(b) Address 516 TROOST

17. (a) BURIAL (b) Date thereof 12/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MT. ST MARY'S

18. (a) Signature of funeral director: Sebbeto's
(b) Address City

19. (a) 11-30-46 (b) Thalidine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Kenneth A. Davis (M. D. or other) M.D.
Address 201 Plaza Theater Bldg Date signed 11-29-46

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

35909

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. *2560*.....
P. O. Address. *K Q 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.