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FILED DEC 19, 1946

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5050

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community 3 days  
years, months or days)

3. (a) PRINT FULL NAME Marie DeLuca Cappuzzo

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W.

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 August 27 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace General Hosp K.C. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

MOTHER FATHER

12. Name John D. Cappuzzo

13. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Richards

15. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Cappuzzo

(b) Address Order mo

17. (a) Burial (b) Date thereof Dec 4 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Parsons

(b) Address K.C. Mo

19. (a) 12-4-46 (b) Theraline Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Salatayette

(c) City or town Order Missouri 54  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd  
year 1946 hour 11 minute 15 AM.

21. I hereby certify that I attended the deceased from November 30th, 1946, to December 2, 1946 that I last saw her alive on December 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Abcess of left chest wall

Duration \_\_\_\_\_

Due to Abcess Left Lung Left Lower Lobe

Due to Undetermined

Other conditions (Include pregnancy within 3 months of death)

Burns not the cause of death

Major findings: Of operations: nil by coroner's office

Of autopsy Burns 2<sup>nd</sup> 3<sup>rd</sup> degree, feet Bilat. Trauma Arms Knees, etc.

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) unlit accident

(b) Date of occurrence undit 11-30-46

(c) Where did injury occur? Order Esafayette, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place) (e) Means of injury burns

23. Signature [Signature] (M. D. or other) MD

Address St. Elizabeth Date signed 7 Dec

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

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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: Francis Walter  
Licensed Embalmer No. 2244  
P.O. Address: 12110

**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.**