

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36571

FILED JUN 30 1947

Registration District No. 147 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:
Research Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford 999

(c) City or town Pittsburg 14
(If outside city or town limits, write "RURAL")

(d) Street No. 113 1/2 W. 4th. 5
(If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME James G. Barani

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Matilda Barani

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 8, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>9</u>	hr. min.

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

10. Usual occupation retired

11. Industry or business Wholesale Grocer

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Matilda Barani

(b) Address 113 1/2 W. 4th. Pittsburg, Kans.

17. (a) removal (b) Date thereof 6-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director: Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo

19. (a) 6-17-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.
year 1947 hour 10:30 minute 2 M.

21. I hereby certify that I attended the deceased from 5:00-4:47
_____ 1947, to 6-17 1947
that I last saw him alive on 6-17-47 and that death occurred on the date and hour stated above.

Immediate cause of death per hosp of Pittsburg, attempt at self hng

Due to mening.

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

Major findings: Of operations 12/18

Of autopsy no

Duration

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)

(z) Means of injury 0

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

Address KE 2 Mo. Date signed 6/17/47

JUL 11 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.