

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

(c) Name of hospital or institution:
3826 McGee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3826 McGee **8**
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Louise Bertoncin

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 5, 1947
year 11.45 AM hour minute M.

4. Sex Fem / 5. Color or race White

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

6. (b) Name of husband or wife Louis Bertoncin

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

7. Birth date of deceased August 15 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 24, 1946 to 6/5, 1947
that I last saw h. er alive on 6/4, 1947,
and that death occurred on the date and hour stated above.

8. **AGE:** Years 63 Months 9 Days 20
If less than one day hr. min.

Immediate cause of death: Circulatory failure

Due to Aortic stenosis
Mitral-regurgitation

Due to Chronic-hepatitis
with general-decompensation

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business --

12. Name No record Bandiera **5**

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

14. Maiden name No record

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

16. (a) Informant Mrs. Rose Raley

(b) Address 3826 McGee

17. (a) Burial (b) Date thereof 6/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director John P. Sheil

(b) Address K. C. Mo.

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

23. Signature [Signature] (M. D. or other) **U.S.**

Address 4050 Broadway K. C. Mo. Date signed 6/8/47

Dr. Jamie 4050 Broadway
after 1 P M

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

John P. Phil

Licensed Embalmer No.

3625

P. O. Address

76 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.