

National Office of Vital Statistics  
**FILED SEP 23 1947**  
Registration District No. **249**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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: **Tuggles Rest Home** **4**  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution **7 months**  
(Specify whether years, months or days)

In this community **50 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rololino RANDAZZO**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

5. Color or race **white**

4. Sex **male**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none**

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

7. Birth date of deceased **January 25, 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>7</b>	<b>14</b>	.....hr. ....min.

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

10. Usual occupation **Retired -**

11. Industry or business **Fruit Market Owner**

12. Name **Marco Randazzo**

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

14. Maiden name **Rosalie Mineo**

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

16. (a) Informant **Mr. Robert R. Randazzo**

(b) Address **1217 Grand Ave., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **9-11-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **9-10-47** **Gerardine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **3231 Prospect** **80**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**  
year **1947** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **May**  
..... 19 **47** to **Sept 9** 19 **47**  
that I last saw him alive on **Sept 9** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial and arteriosclerosis with chronic paroxysmal fibrillation and chronic rheumatic and arteriosclerotic heart disease**

Terminal death was general **circulatory failure and heart exhaustion**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **none** (Specify type of place) (e) Means of injury **none**

23. Signature **Harvey Gemmett** (M. D. or other) **md**  
Address **424 Prof Bldg** Date signed **9-10-47**

Dr. Harvey Jenness  
Prof. R. B. G.  
VI 5121.  
424

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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

*Oliver E. Heck*

Licensed Embalmer No.

4065

P. O. Address

*R. C. 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.