

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1224

Registrar's No. 219

FILED JAN 27 1948  
Registration District No. 749

Primary Registration District No. 1002

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 76 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5016 E. 10th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joseph Mezzacasa  
(b) If veteran, name war no  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 16  
year 1948 hour 6 minute 15 AM.  
21. I hereby certify that I attended the deceased from  
January 10, 1948 to January 16, 1948;  
that I last saw him alive on January 16, 1948  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife PIREANA  
6. (c) Age of husband or wife if alive DEC years  
7. Birth date of deceased SEPT 13 1859  
(Month) (Day) (Year)

Immediate cause of death Cerebral Vascular Accident  
Duration

8. AGE: Years Months Days If less than one day  
88 4 X 23 hr. min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 830  
Of autopsy See above

9. Birthplace ITALY  
(City, town, or county) (State or foreign country)  
10. Usual occupation RETIRED

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

MOTHER FATHER  
11. Industry or business  
12. Name ANTHONY MEZZACASA  
13. Birthplace ITALY  
(City, town, or county) (State or foreign country)  
14. Maiden name DATAGUA  
15. Birthplace ITALY  
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Mezzacasa  
(b) Address 5016 E 10th  
17. (a) Removal (b) Date thereof 1-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cole Camp Mo

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?

18. (a) Signature of funeral director J.P. Sheel  
(b) Address R. E. D. M. O.  
19. (a) 1-16-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. General Hospital Date signed 1-16-48

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.....

*J. P. Sheil*  
Licensed Embalmer No. 3625

P. O. Address K. 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.**