S. No. 2
M—5-43
. 5-17-39
I X36671

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 · 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12699

Primary Registration District No. 1002

Registrar's No. 1856

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 1332 Olive
(If not in hospital or institution, write street number or location)

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

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1332 Olive
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME FAUSTINO LA SASSO

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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 June (Month) 6 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	20	..... hr. ..... min.

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

10. Usual occupation Baker

11. Industry or business .....

FATHER
12. Name Joseph A La Sasso
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Anna Rose Armilio
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Joseph Armilio
(b) Address 2819 Raytown Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Lorenzo Bros
(b) Address 2117 Independence Ave

19. (a) 4-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 1 minute 11 P M.

21. I hereby certify that I attended the deceased from 4-24-48 ....., 19..., to 4-26 1948 that I last saw him alive on 4-26-48, 19... and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Coronary Occlusion

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature A P Lanzenzarina (M. D. or other)

Address 728 S. White Date 4-26-48

(Licensed Embalmer's Statement on Reverse Side)

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 H. S. Walton

Licensed Embalmer No. 2744

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.