S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12933

Primary Registration District No. 1002

Registrar's No. 1915

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: 509 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 24 years
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.: 509 Brooklyn 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Vincenza Tutorino
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jasper Tutorino
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Nov-1-1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	6	1	hr. min.

9. Birthplace: Italy 5
(City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: George Lucito 5
13. Birthplace: Italy
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Calogera Forzo
15. Birthplace: Italy 5
(City, town, or county) (State or foreign country)
16. (a) Informant: Jasper Tutorino
(b) Address: 509 Brooklyn
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: May 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt St Mary's Cemetery
18. (a) Signature of funeral director: Passantino Bros
(b) Address: 16 E Mo
19. (a) 5-3-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 1948 hour 5-45 minute 9 M.

21. I hereby certify that I attended the deceased from Chronic 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93 N	
Major findings: Of operations:	
Of autopsy: no	
History & signs	

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)
(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 3

23. Signature: James E Walker (M. D. or other)
Address: 1424 Gr Pkwy Date signed: 5-2-48

Jefferson City Printing Co.

(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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address PC, 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.