

No. 2
5-43
5-17-39
I X36671

FILED NOV 16 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4409

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether)

In this community 75 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 999

(c) City or town MISSION 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5201 NALL AVENUE 2
(If rural, give location)

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

If yes, name country ITALY

3. (a) PRINT FULL NAME MR. MICHELINO ANGELO LENGE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 27TH
year 1948 hour 11 minute 52 AM

4. Sex MALE 5. Color or race WHITE

6. (a) ~~Single, widowed, married,~~ divorced MARRIED

6. (b) Name of husband or wife MRS. MARY ALICE LENGE

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MAY 20 1873
(Month) (Day) (Year)

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

Immediate cause of death Cardiac dilatation

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>7</u>	hr. min.

Due to Pneumonia

Due to Coronary + Cerebral arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace NEAR ROME ITALY
(City, town, or county) (State or foreign country)

10. Usual occupation ORCHESTRA LEADER & MUSICIAN DIRECTOR

Major findings: Of operations 93 12

Of autopsy above

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

11. Industry or business ORPHEUM THEATRE

12. Name R. C. LENGE

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

14. Maiden name KATHERINE UNKNOWN

15. Birthplace UNKNOWN ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MARY ALICE LENGE

(b) Address 5201 NALL AVENUE, MISSION, KANS

17. (a) BURIAL (b) Date thereof OCTOBER 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETARY

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 D.W. Newman's Sons

(b) Address 1401 Omaha Creek Bldg.

19. (a) 10-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Jack H. Hill (Specify type of place) White at work (c) Means of injury —

(M. D. of case) MD

Address 1011 Highway 44 Date 27 Oct 48

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

MOTHER FATHER

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

Jess H. Dew

Licensed Embalmer No. *4453*

P. O. Address *3 Kansas City 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.