

No. 2  
5-43  
17-39  
X38671

FILED DEC 14 1948  
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4948**

WRITE PLAINLY—USE 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: **Lake Side Hospital U**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 Days**  
(Specify whether years, months or days)

In this community **30 yrs.**

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. **4248 FOREST AVE**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Joseph Nuccio**

3. (b) If veteran, name war **None**

3. (c) Social Security **494-12-2430**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30**  
year **1948** hour **4** minute **15 P.** M.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Lucille Nuccio**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **JUNE 30 1903**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 20<sup>th</sup>**, 19**48** to **Nov 30<sup>th</sup>**, 19**48**  
that I last saw him alive on **Nov 30<sup>th</sup>**, 19**48**  
and that death occurred on the date and hour stated above.

8. AGE: Years **45** Months **5** Days **0** If less than one day  
hr. min.

9. Birthplace **Pueblo Colo.** (City, town, or county) (State or foreign country)

Immediate cause of death **Virus Pneumonia** Duration **11 days**

10. Usual occupation **Boxing Trainer**

11. Industry or business

12. Name **Rosolino Nuccio**

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

14. Maiden name **Josephine Gasfaro**

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

Due to **Exposure following**

Due to **Influenza**

Other conditions (Include pregnancy within 3 months of death)

16. (a) Informant **Mrs Lucille Nuccio**

(b) Address **4248 FOREST AVE**

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

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

18. (a) Signature of funeral director **Pascantino D. O.**

(b) Address **2117 S. Maple Blvd KCMO.**

19. (a) **12-3-48** (b) **S. E. Raldine Holmes**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **330**

Of autopsy

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

Dr Paul Pottors  
H# 1770  
Com Trust Bldg  
1202 Room  
2:30

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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 Francis Watson  
Licensed Embalmer No. 2744  
P. O. Address K C M O

**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.**