

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1200

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>158</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		48 3		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorah Hospital</u> 0				d. STREET ADDRESS (If rural, give location) <u>201 Brooklyn</u> 8 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eug</u> b. (Middle) _____ c. (Last) <u>Circo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 11 - 49</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1902</u>		
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Mts. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u> 5		12. CITIZEN OF WHAT COUNTRY? <u>unknown</u>	
13a. FATHER'S NAME <u>Alfred Catania</u>			13b. MOTHER'S MAIDEN NAME <u>Lucia Turota</u>			14. NAME OF HUSBAND OR WIFE <u>Tom Circo</u> 351		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Circo</u> ADDRESS <u>201 Brooklyn</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>		? years						
DUE TO (c) <u>Hypertension</u>		? years						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Sep 18</u> , 19 <u>48</u> , to <u>1/11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/10</u> , 19 <u>49</u> , and that death occurred at <u>7:05 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Walter F. Jacob</u>				23b. ADDRESS <u>720 Bryant St. KC, Mo.</u>		23c. DATE SIGNED <u>1/11/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-13-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter F. Jacob</u>		ADDRESS <u>KC, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Francis Walter*

Signed.....

Student Embalmer

Licensed Embalmer No. 2744

P. O. Address H. 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.