

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23519

3145

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS <u>713 Garfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 Garfield</u>				d. STREET ADDRESS (If rural, give location) <u>713 Garfield</u>					
3. NAME OF DECEASED (Type or Print) <u>ANNA</u>			a. (First) <u>MANCUSO</u>			b. (Middle) _____			
c. (Last) _____			4. DATE OF DEATH <u>7-18-49</u>			4. DATE (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>2-10-1883</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		IF UNDER 1 YEAR: Months _____ Days _____	
13a. FATHER'S NAME <u>Liborio Palmisano</u>			13b. MOTHER'S MAIDEN NAME <u>Cavilier</u>			14. NAME OF HUSBAND OR WIFE <u>Joe Mancuso</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Simonie</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>Cardiovascular system</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterosclerotic heart disease</u>					<u>1 year</u>	
			DUE TO (c) <u>generalized arterosclerosis</u>					<u>years</u>	
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		
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>my</u> <u>1946</u> , to <u>July 18, 1949</u> , that I last saw the deceased alive on <u>July 17, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John T. Skinner MD</u>					23b. ADDRESS <u>1102 Grand St. Mo</u>		23c. DATE SIGNED <u>7-20-49</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys Cem. Ke. Mo.</u>		24d. LOCATION (City, town, or county) _____			
DATE REC'D BY LOCAL REP <u>7-20-49</u>		REGISTRAR'S SIGNATURE <u>Beraldine Holme</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Rosaline Passanturo</u>			ADDRESS <u>217 Indep. Bldg.</u>	

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

JT Skinner
Professional Bldg.

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.

Student
Student Embalmer

Signed Francis Walter

Licensed Embalmer No. 2744

P. O. Address K C 2nd

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.