REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 5614

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 813

(c) City Kansas (d) Street No. 309 Ord St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence (Phillippa) Burasco

(a) Residence, No. 309 Ord St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nunzio Burasco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 14 1857

7. AGE: YEARS 81 MONTHS 5 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Hsmf.
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

FATHER

13. NAME: Andrew Maddi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Vencenzo Muscadi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): 309 Ord Mrs. Vito Grigoli

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. St. Mary DATE: 2/25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Passantino Bros, K. C. Mo.

20. FILED: 2/24 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/22/ 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to Feb 23, 1939. I last saw her alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pn c̄ congestion	2-12-39
heart failure	
66 19	

Other contributory causes of importance:

Hypertension	15 yrs ?
Hypertyroidism	" ?
Auricular fibrillation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature], M. D.

(Address) 924 Prof. Bldg Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Frank B. Letty
921 Prof. Bldg
Office V. 3650 Res. Hi 99133

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.