

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH: **OCT 18 1939**
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5003 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5003 Michigan, K.C.Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME Infant of Paul M. Mingucci. 522
3. (b) If veteran, name war WW 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 19th, 1939
year 1939 hour _____ minute 5 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Sept. 17th, 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 17 1939, to Sept 19 1939;
that I last saw her alive on Sept 18 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 32 Hrs. ol
hr. _____ min.

Immediate cause of death Cardiac failure Duration 24 hours
Due to _____ 158
Due to _____

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations ✓
Of autopsy ✓

10. Usual occupation None-infant

11. Industry or business _____
12. Name Paul M. Mingucci
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Emma Jean Roseland
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Paul M. Mingucci
(b) Address 5003 Michigan, K.C.Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept. 20-
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

(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? 5

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn Avenue, K.C.Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) Sept 20 1939 (b) M.M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature J. Everett (M. D. or other) _____
Address 505 Shubert Bldg Date signed Sept 20

Dr. J. E. Everett,
504 Shukert Bldg., 1945 Wed.
Phone Vic: 8270

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 Henry C. Browning
Licensed Embalmer No. 2764
P. O. Address 918 Brooklyn

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, above space should be left blank.