

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4728

*JAN 13 1939*

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether  
 In this community --  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2505 E. 21 St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Mary Binaggio  
 8. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month \_\_\_\_\_ day 12-14-39  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Fe 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rocco Binaggio  
 6. (c) Age of husband or wife if alive 29 years  
 7. Birth date of deceased August 10 1912  
(Month) (Day) (Year)

21. I hereby certify that Deputy Coroner the deceased from 2:00 P.M. 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
27 4 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Gunshot wound of head

9. Birthplace Monroe, La.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Louis Lombardino  
 18. Birthplace Italy  
(City, town, or county) (State or foreign country)  
 14. Maiden name Antonette Zummo  
 15. Birthplace Italy  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Same  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rocco Binaggio  
 (b) Address 2505 E. 21 St.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Do not know  
 (b) Date of occurrence 12-14-39  
 (c) Where did injury occur? K.C. Mo.  
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 12/18/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Mary's Cem

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify typical place)

18. (a) Signature of funeral director Peter B. Lapetina  
 (b) Address 538 Campbell St.

While at work? \_\_\_\_\_  
 23. Signature Victor J. Hubler (M. D. or other) \_\_\_\_\_  
 Address K.C. Mo. Date signed \_\_\_\_\_

19. (a) Dec. 18, 1939 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**