

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4916

1. PLACE OF DEATH
(a) County Jackson
(b) City or town J.E. Mo.
(c) Name of hospital or institution: Resedrch 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 33 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Victtorio DeSimone 255

3. (b) If veteran, name war -- 3. (c) Social Security No. Mo

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 4 1865
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day hr min

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

10. Usual occupation Laborer

11. Industry or business

12. Name Jack De Simone

13. Birthplace Shisaly
(City, town, or county) (State or foreign country)

14. Maiden name Anna Bonura

15. Birthplace Shisaly
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam De Simone

(b) Address 533 Tracy

17. (a) Burial (b) Date thereof 12/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cem

18. (a) Signature of funeral director A. Schubert

(b) Address 901 E 5th

19. (a) DEC 29 1939 (b) Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 533 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A? 33 yrs years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1939 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 27
1939 to Dec 28 A.M. 1939;
that I last saw him alive on Dec 27 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Arterial hypertension
Due to 9/4/39

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Anthony Saladino (M. D. or other)
Address 721 Duval St Date signed 12/29/39

Duration
Physician
Underline the cause to which death should be charged statistically

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.

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..... *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address. *901 E 6*

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.