

ED JAN 8 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **5039**

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:
1035 E 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether)
In this community 30 yrs
years, months or days

3. (a) PRINT FULL NAME SANTA CALI

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

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Oct 20 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Salemi

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

14. Maiden name Francisca G Cavernale

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

16. (a) Informant Joe Cali

(b) Address 1031 E 5th

17. (a) Burial (b) Date thereof 1/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Mary's Cemetery

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

(b) Address 901 E 5th

19. (a) 1-2-41-40 (b) M. M. Loyow
(Date received local registrar) (Registrar's signature)

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. 1035 E 5th
(If rural, give location)
(e) If foreign born, how long in U. S. A? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-31-1940
year 11 hour 45 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 12-31-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to !!!

Due to _____

Other conditions Melastosis (osteal etc)
(Include pregnancy within 3 months of death)

Major findings: Chronic indurace

Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 1

While at work? 9 (Specify type of place) (e) Means of injury _____

23. Signature Max S. S. S. (M. D. or other) _____
Address 1618 1/2 E 13th St Date signed 1-1-41

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.