

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. **2045**

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: Vineyard Pk. Hosp.
(If not in hospital or institution, write street number or loc. (No.))

(d) Length of stay: in hospital or institution
years, months or days (Specify whether)

In this community 30 years

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. 35 Fairfield
(If rural, give location)

(e) Citizen of foreign country? 30 yrs (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA FAZZINO

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 7:30 minute 00 M.

21. I hereby certify that I attended the deceased from May 10, 1941, to May 22, 1941;
that I last saw him alive on May 21, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alexandre

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Mar 28 1878
(Month) (Day) (Year)

Immediate cause of death

Occlusion of coronary arteries

Due to arteriosclerosis

Due to hypertension

Other conditions (Include pregnancy within 9 months of death)

Major findings: Of operations None

Of autopsy None

Duration 10 min

PHYSICIAN None
Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months 1 Days 24 If less than one day by min.

9. Birthplace Salaparuta 3 Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Nick Guller Italy

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

14. Maiden name Caterina Fazzino

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

16. (a) Informant Family

(b) Address 315 Fairfield

17. (a) Burial (b) Date thereof May 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director R. M. M. Brown

(b) Address 315 Fairfield

19. (a) May 25 1941 (b) R. M. M. Brown
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)

While at work? (e) Means of injury None

23. Signature R. M. M. Brown (M. D. certifier)

Address 315 Fairfield Date signed 5-29-41

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

MOTHER FATHER

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. 3754
P. O. Address KC Mo

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, fact should be so stated above.