

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2527

48  
83

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

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:  
714 Brooklyn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 714 Brooklyn  
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME VINCENZO FAZIO

3. (b) If veteran, name war                     

3. (c) Social Security No.                     

4. Sex M 5. Color or race Wh 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 Aug 15 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business                     

MOTHER FATHER { 12. Name Joseph Fazio

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

14. Maiden name Sadie

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

16. (a) Informant Mrs Joseph Caravella

(b) Address 714 Brooklyn

17. (a) burial (b) Date thereof 7/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director SEBETO'S J. Caravella

(b) Address 901 E 5th

19. (a) 7-4-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1941 hour 8 minute P M

21. I hereby certify that I attended the deceased from July 2nd 1941 to July 3rd 1941  
that I last saw him alive on July 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death 602emia Duration 2 days

Due to Double lobar acute Pneumonia 2 days

Due to                     

Other conditions                       
(include pregnancy within 3 months of death)

Major findings: Of operations                      108

Of autopsy                     

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?                     

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

23. Signature Anthony Saladino (M. D. or other)                     

Address 721 Bialto Mesq Date signed 7/1/41

**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. 25-60

P. O. Address. 1807 Oak 29th

**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.**