

Registration District No. 399

Primary Registration District No. 1002

18
2936

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: 402 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 yrs / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 049

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 421 Garfield (If rural, give location)

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

3. (a) PRINT FULL NAME ROSARIA ANELLO

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

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 6 12 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony Bonello

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

14. Maiden name Gaetana Gustella

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

16. (a) Informant D. Mrs Frank Cherrito

(b) Address 402 Holmes

17. (a) Burial (b) Date thereof 7/25/41
(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. Carrulla

(b) Address 901 E. 5th

19. (a) 1/24/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 15, 1935
_____ 19 _____ to July 22 1941;
that I last saw him alive on July 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Curricular fibrillation 6 years

Due to _____

Cerebral embolism 7/21/41

Due to _____

Other conditions 8313
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations § 318

Of autopsy _____

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 [Signature] (M. D. or other) NO

Address 1420 Englewood Date signed 7/24/41

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 1507 E 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.