

FILED OCT 13 1941
Registration District No. **329**

Primary Registration District No. **1002**

48
803
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:
Hazel Tate's Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 41 yrs 4 years, months or days)

3. (a) PRINT FULL NAME PHILLIP BARLETTA

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

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

6. (b) Name of husband or wife Vincenza 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 13 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business —

12. Name P. Barletta

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

14. Maiden name Unknown

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

16. (a) Informant Joe Barletta

(b) Address 527 Gillis

17. (a) Burial (b) Date thereof 9/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director SEBBETO'S J. Carolla

(b) Address 901 E. 5th

19. (a) 9/3/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **042**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 Pacific
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1941 hour — minute — M.

21. I hereby certify that I attended the deceased from August 30 to Sept 11 1941
that I last saw him alive on August 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 year

Due to —

Due to —

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

Major findings: Of operations —

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 Richard P. Thomas (M. D. or other) Dmd
Address 1220 Doug Bldg Date signed 9/3/41

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. Sumner

Licensed Embalmer No. 2560

P. O. Address 1807 East 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.