

DEC 22 1941

395

Primary Registration District No. 1002

Registrar's No. 4093

Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 mos (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 220 Garfield (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1941 hour 5:15 minute 12 M.
21. I hereby certify that I attended the deceased from August 31, 1941 to October 31, 1941;
that I last saw her alive on October 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 2 mo
Due to upper respiratory infection 3 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
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Major findings: _____
Of operations _____
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 Charles H. Bridges (M. D. or other) D
Address 6247 Brookside Blvd Date signed 11-1-41

3. (a) PRINT FULL NAME Sarah Tricarico
3. (b) If veteran, name war No 3. (c) Social Security No. 100

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 20, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Nick Tricarico
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ballard
15. Birthplace Africa (City, town, or county) (State or foreign country)

16. (a) Informant Nick Tricarico
(b) Address 220 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date there 11/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's - St. Charles

18. (a) Signature of funeral director [Signature]
(b) Address 11/3/41

19. (a) 11/3/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

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.

*Body Not Embalmed
used Fluid Part.
Buried with in 24 hrs*

Signed

John D. Koptun
Licensed Embalmer No.
P. O. Address

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.

*Licensed 3754
ICC No*