. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17129

State File No. 2064

Registration District No. 349 FILED JUN 6 1942

Primary Registration District No. 1802

Registrar's No.

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

48
3
8

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:
3017 Oak Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3017 Oak Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Jerome J. Pucci

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-3443

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Josephine Pucci

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October (Month) 18 (Day) 1888 (Year)

8. AGE: Years 53 | Months ~~5~~ 7 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Florence (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Supt. Ice Division

11. Industry or business U. S. Cold Storage Co.

FATHER
12. Name Gregory Pucci
13. Birthplace ..... (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Rachel Manci
15. Birthplace ..... (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs. Josephine Pucci
(b) Address 3017 Oak St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 5-27-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 5-26-42
year ..... hour ..... minute 6:30 A M.

21. I hereby certify that I attended the deceased from ..... to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Carbon monoxide poisoning

Due to .....

Other conditions 16:30
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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) Suicide
(b) Date of occurrence 5-26-42
(c) Where did injury occur? K.C. (City or town) Ja (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3
(Specify type of place)
While at work? (e) Means of injury .....

23. Signature Oscar W. Mehle (M. D. or other)
Address K.C. Mo. Date signed .....

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(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W Chiles

Licensed Embalmer No. 3473

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.