

FILED OCT 5 1942
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Registration District No.

Primary Registration District No. 1002

Registrar's No. 3551

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City Missouri
(c) Name of hospital or institution:
2914 York Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
In this community 25 Years (Specify whether 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. 2914 York Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

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3. (a) PRINT FULL NAME Mrs. Florence Braton

3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Kenneth Braton
6. (c) Age of husband or wife if alive. 28 years

7. Birth date of deceased. October 17 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days 9
If less than one day hr. min.

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

10. Usual occupation. Housewife

11. Industry or business. At Home

MOTHER FATHER
12. Name Frank Cuoco
13. Birthplace Unknown Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Mamie Signorelli
15. Birthplace Unknown Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Braton
(b) Address 2914 York Ave (City)

17. (a) Burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City, Missouri.

19. (a) 9-28-42 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 26th
year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from July 15 1942 to Sept 26 1942.
that I last saw her alive on Sept 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral thrombosis
Duration 7 days

Due to Malignant endocarditis 6 MO

Due to a/a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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 John T. Sherman (M. D. or other) MP
Address 1402 Bryant Bldg. Date signed 9-27-42

R. C. MO

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

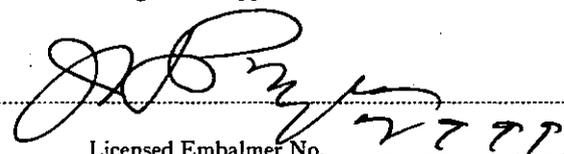
STATEMENT BY LICENSED EMBALMER

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.

Signed.....



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.