

FILED DEC 7 1942
Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 4353

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas**

(b) City or town **Kansas**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1105 Pacific St 1**
(If not in hospital or institution, write street number or location)

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

In this community **30 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson** ⁴⁸

(c) City or town **Kansas** ³
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. **1105 Pacific KCMO**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Lucia Arnone Cammareri**

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 **Antonio Cammareri** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **DEC. 8 1867**
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **16** If less than one day hr. min. **5**

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

10. Usual occupation **House**

11. Industry or business

MOTHER FATHER { 12. Name **Nickole Morici** 5
13. Birthplace **Italy** (City, town, or county) (State or foreign country)
14. Maiden name **Venzenzia Passavittino** 5
15. Birthplace **Italy** (City, town, or county) (State or foreign country)

16. (a) Informant **Antonio Cammareri**
(b) Address **1105 Pacific St KCMO**

17. (a) **BURIAL** (b) Date thereof **Nov 27 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt St Mary's**

18. (a) Signature of funeral director **Passavittino Bres**
(b) Address **KCMO**

19. (a) **11-24-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **24**
year **1942** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **11 23 - 19 42** to **11 24 - 19 42**
that I last saw her alive on **11 23 - 19 42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **107**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 **D. M. Crowe** (M. D. or other)

Address **525 1/2 E. 11th** Date signed **11/24/42**

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..... *Park G. Rowe*
Licensed Embalmer No. *2347*
P. O. Address..... *K. C. 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.