

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4248

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
521 Harrison St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **40 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **521 Harrison St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Cicio**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 9 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **4** If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Vencengo Brumo**
13. Birthplace **Italy** (City, town, or county) (State or foreign country) **5**
14. Maiden name **Anna Chemberi**
15. Birthplace **Italy** (City, town, or county) (State or foreign country) **5**

16. (a) Informant **Joe Cicio**
(b) Address **561 Harrison St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 16 1942**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Passantino Bro's.**

(b) Address **Kansas City Mo.**

19. (a) **11-15-42** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **13** year **1942** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **August 28** 19**41** to **Nov. 13** 19**42** that I last saw her alive on **Nov 13** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **boolema** Duration **3 days**
Diabetes Mellis - since
Arterial hyper- **Aug 28**
tension **No 61**
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **No** Of autopsy **No**
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 **Anthony Saladino** (Physician) or other _____
Address **721 Pirolto** Date signed **11-14-42**

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