

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

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:
208 Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 yrs
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. 208 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Nicolosi
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-12-3574

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22
year 1942 hour 11 minute 55 p.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Nicolesi
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Sept. 9 1908
(Month) (Day) (Year)

Immediate cause of death:
Shot wound of the head (self-inflicted).
Due to _____
Due to _____
Other conditions (Include pneumonia within 3 months of death) 164c

8. AGE: Years 34 Months 2 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Nicolosi
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Vingiana n Ferro
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Nicolosi
(b) Address 208 Park Ave.

17. (a) Burial (b) Date thereat Nov. 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director Passantino Bros.
(b) Address Kansas City Mo.

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy See above
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 11/22/42
(c) Where did injury occur? 208 Park Ave
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home (Specify type of place)
While at work _____ (e) Means of injury gun
23. Signature [Signature] (City or town) _____
Address [Address] Date 11/23/42

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 *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.