

FILED FEB 10 1943

375

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether)

In this community 3 hrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 338 Olive St
(If rural, give location)

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

3. (a) PRINT FULL NAME Dr. Bruscato

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd
year 1943 hour 6:10 minute P M.

21. I hereby certify that I attended the deceased from Jan 23rd 1943 to Jan 23 1943
that I last saw him in alive on Jan 23 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 23 1943
(Month) (Day) (Year)

Immediate cause of death
Apoplexy
Intra-cranial Bleeding
Prematurity

Due to _____

Due to 1600

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation infant

Major findings: Placenta Praevia

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Nick Bruscato

13. Birthplace Kansas City mo (City, town, or county) (State or foreign country)

14. Maiden name Rose DeBlucato

15. Birthplace Kansas City mo (City, town, or county) (State or foreign country)

16. (a) Informant Frank Bariddo

(b) Address 338 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director SIEBENTHAL

(b) Address 15 C mo

19. (a) 1-25-43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

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 Joseph Seltzer (M. D. or other)

Address 1209 Blatto Bldg Date signed 1-23-43

Duration 3 hours

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.