

3-No. 2  
4-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 5 1943/19

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 876

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
6027 Oak Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 Years (Specify whether years, months or days)

In this community 52 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6027 Oak Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Gus A Catalano

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-8279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th  
year 1943 hour 7 minute A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Anna Catalano

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 5 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18, 1943 to Feb 18, 1943  
that I last saw him alive on Feb 10 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>13</u>	hr. min.

Immediate cause of death:  
Chronic Myocarditis  
Arterio Sclerosis  
Arterial Hypertension

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93 D

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

10. Usual occupation Huckster

MOTHER FATHER

11. Industry or business

12. Name Pranisco. Catalano

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

14. Maiden name Augustina Corso

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

Major findings: None

Of operations .....

Of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Catalano

(b) Address 6027 Oak

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Rest still

18. (a) Signature of funeral director O. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-20-43 (Date received local registrar) (b) M. H. Crown (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 Yes (Specify type of place) (e) Means of injury .....

23. Signature Sure R. Ferris (M. D. or other)

Address 934 Euclid Blvd Date Feb 18, 1943

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

934  
1-5  
Bryce 12/29

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
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.**