

FILED MAR 5 1943 49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 976

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution. 39 yrs (Specify whether years, months or days)

In this community 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 610 Campbell
(If rural, give location)

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

3. (a) PRINT FULL NAME MARIA PASSIGLIA

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Carl

6. (c) Age of husband or wife if alive 16 years (Day) (Year)

7. Birth date of deceased Feb 16 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 8

If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Albert Oddo

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

14. Maiden name unknown

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

16. (a) Informant Frank Passiglia

(b) Address 710 Virginia

17. (a) Burial 2/26/43
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stephano

(b) Address 901 E-5th

19. (a) 2-25-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1943 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 9, 1942 to Feb 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of colon
600cc juice
11/14/43
46E
12/9/42

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

Major findings: Of operations

Of autopsy

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 A. Saladuis (M.D. or other)
Address 721 Riatts Bldg Date signed 2/25/43

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

Ray E Snow

Licensed Embalmer No. *2560*

P.O. Address

15 E 2nd

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.