

FILED JUL 8 1943
 Registration District No. _____

Primary Registration District No. 1002

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

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 Venyard Park Hosp-O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution If no
(Specify whether)

In this community 19 yrs
years, months or days

3. (a) PRINT FULL NAME MAUDE ASSARO

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 married

6. (b) Name of husband or wife Charles Assaro

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec 26 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Henry Sweet

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

14. Maiden name Elizabeth

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

16. (a) Informant Charles Assaro

(b) Address 571 Campbell

17. (a) Burial mt St Marys Cem
(Burial, cremation, or removal)

(b) Date thereof 6/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director SEBETO
(Name)

(b) Address 901 E 5th

19. (a) 6-20-43
(Date received local registrar)

(b) D. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(If outside city or town limits, write "RURAL")

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

(d) Street No. 571 Campbell
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 18
43 to June 17 43
 that I last saw her alive on June 17 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis

Due to Ball Stones & Focal Tubo

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Ball stones

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) _____

(e) Means of injury _____

23. Signature Edmond Carshaw (M. D. or other) _____
 Address 7141 Bryant St, Kansas City, Mo Date signed June 18 1943

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

H. B. Mc

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.