

SEP 7 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3658

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:  
622 Benton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years  
(Specify whether 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. 633 Garfield  
(If rural, give location)

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

3. (a) PRINT FULL NAME Vencenzo Gargotta

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22  
year 1943 hour 3 minute p M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Antenawr 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 18, 1943, to Aug. 22, 1943  
that I last saw him alive on " 21 ", 1943  
and that death occurred on the date and hour stated above.

8. AGE: 59 Years Months Days If less than one day  
59 hr. min.

Immediate cause of death

Due to Chronic Myocarditis

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Tony Gargotta

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

{ 14. Maiden name Augustona

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

16. (a) Informant Stena Bennett

(b) Address 633 Garfield

17. (a) Burial (b) Date thereof Aug. 25 1943  
(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) 8-24-43 (b) T.C. Brown  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 797 Waldheim Bldg Date signed 8/23/43

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

Dr. John B. Paul  
W. Latham Bldg 26 8952  
Rm 1014 Bldg 27 3585

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**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 Kemo

**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.**