

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 40 yrs.
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. 425 Prospect
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Antonio Gavassa
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 14th
year 1943 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Aremenia
(c) Age of husband or wife if alive unk years
7. Birth date of deceased May 3 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 13th 1943 to November 14th 1943.
that I last saw him alive on November 14th 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive heart disease Duration _____

8. AGE: Years 66 Months 0 Days 11
If less than one day hr. _____ min. _____

Due to _____
Due to 93h

9. Birthplace _____ (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation labor

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Pietro Gavassa
13. Birthplace _____ (City, town, or county) Italy 5 (State or foreign country)
14. Maiden name Madalena Madalena
15. Birthplace _____ (City, town, or county) Italy 5 (State or foreign country)

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) Means of injury _____

16. (a) Informant Aremenia Gavassa
(b) Address 425 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary Church
18. (a) Signature of funeral director Sebbato Fume Hume
(b) Address 901 East 25th St
19. (a) 11-17-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

23. Signature Dwight R. Thom (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 11-15-43

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..... *Roy E Snow*.....
Licensed Embalmer No..... *2560*.....
P. O. Address..... *K E 7th*.....

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.