

FILED JAN 3 1946/9
Registration District No.

Primary Registration District No. 1002

State File No. _____
Registrar's No. 5242

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 hr. 40 min.
(Specify whether years, months or days) unknown

3. (a) PRINT FULL NAME Mike Bivoni
3. (b) If veteran, name war none
3. (c) Social Security No. Do not know

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

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

8. AGE: Years 67 Months - Days - If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Do not know

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

14. Maiden name Do not know

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

16. (a) Informant Lorraine Seane

(b) Address 2821 Indiana

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 14 43
(Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Garantini Bros
(b) Address 12 CMO

19. (a) 12-13-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1527 Cherry
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1943 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from December 11, 1943, to December 11, 1943;
that I last saw him alive on December 11, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia Duration _____

Prostatic Hypertrophy
Due to acute retention
Due to _____

Other conditions (include pregnancy within 3 months of death) 1370

Major findings:
Of operations _____
Of autopsy See above

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) (d) Means of injury _____
23. Signature Clark W Sealy MD (M. D. or other) _____
Address General Hospital Date signed 12/13/43

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..... *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *14 Cms*

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.