

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C.
(c) Name of hospital or institution: 533 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town K. C.
(d) Street No. 533 Forest
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

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

MEDICAL CERTIFICATION
23. **DATE OF DEATH:** Month July day 28 year 1945 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from March 20, 1942 to January 23, 1945

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Pete 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 2, 1891

that I last saw her alive on January 22, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

8. AGE: Years 53 Months 6 Days 21 If less than one day hr. min.

Due to ✓
Due to ✓

9. Birthplace Italy 4
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife
11. Industry or business
12. Name Phillip Carrentino
13. Birthplace Italy 4
14. Maiden name Angela Totta
15. Birthplace Italy 4

Major findings: Of operations 830
Of autopsy

16. (a) Informant M. Pete Catalano
(b) Address 533 Forest
17. (a) Burial (b) Date thereof 1/26/45
(c) Place: burial or cremation Mt. St. Mary's Cem
18. (a) Signature of funeral directors Sebbeto's
(b) Address 901 E 5th
19. (a) 1-24-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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?
(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 0
23. Signature Harold A. Palthe (M. D. or other) no
Address 1103 Grand Ave Date signed 1/24/45

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

MOTHER FATHER

1132 (Embalmers)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.