

FILED MAR 24 1945

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1034**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 yrs
(Specify whether years, months or days)

In this community 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K. C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1042 E 5th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CARMELA COSENTINO

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1945 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from March 3, 1945 to March 3, 1945 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced 9m

6. (b) Name of husband or wife Henry Cosentino 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 11 1876
(Month) (Day) (Year)

Immediate cause of death Carcinoma Esophageal Colon

Duration 1942

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions Acute Esophagitis & Esophageal Cancer 2/26/45

(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Vincenzo Cannino

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

14. Maiden name Antonia Biancheroni

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

Major findings: 462

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Cosentino

(b) Address 1042 E 5th

17. (a) Burial (b) Date thereof 3/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

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? _____

18. (a) Signature of funeral director Sebbeto

(b) Address 901 E 5th

19. (a) 3-5-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John E. Wilk (M. D. co-signer)

Address 1012 E. 5th Date signed 3/7/45

*Lyde White
Professional Embalmer*

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.