

S. No. 2  
 DM-543  
 v. 5-17-39  
 I X36671

**FILED JUL 11 1945**

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2746

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:  
3415 BROADWAY - 2ND FLOOR NORTH  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 49 YEARS (Specify whether 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. 3415 BROADWAY - 2ND FLOOR No.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. PAUL A. CASSELLA

3. (b) If veteran, name war No  
 3. (c) Social Security No. 700-16-5830

4. Sex MALE 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 \_\_\_\_\_ years

7. Birth date of deceased APRIL 14 1885  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation EMPLOYEE

11. Industry or business U.S. ARMY RESERVATION BUREAU

12. Name PAUL CASSELLA

13. Birthplace NEW ORLEANS LOUISIANA  
 (City, town, or county) (State or foreign country)

14. Maiden name MARY SUTTER

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

16. (a) Informant Mrs. Lula Cassella  
 (b) Address 2415 Broadway

17. (a) BURIAL (b) Date thereof JULY 2 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN CEMETERY

18. (a) Signature of funeral director O. N. Neumann, Iowa  
 (b) Address 1401 BRUSH GREEN BLVD

19. (a) 6-30-45 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1945 hour 8:40 minute 0 M.

21. I hereby certify that I attended the deceased from before 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
 Due to Coronary Sclerosis

Due to \_\_\_\_\_  
 Other conditions 940  
 (Include pregnancy within 3 months of death)

Major findings:  
 1 Of operations \_\_\_\_\_  
 Of autopsy no  
History & Impression:

Duration

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature Jimmie Kelly (M. D. or other) 3  
 Address 11424 1/2 Pine St Date signed 6-29-45

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

MOTHER FATHER

**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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C mo

**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.**