

FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

13409
State File No. 1662
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 406 Wabash
(d) Length of stay: In hospital or institution unknown
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 406 Wabash
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1946 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1-30-1946 to April 5-1946
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married. S
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

Immediate cause of death
Due to Coronary (disease) / Arterial / Hypertension / Coronary sclerosis
Other conditions: (include pregnancy within 3 months of death)

7. Birth date of deceased: NW. 26 1894
8. AGE: Years 61 Months 4 Days 10
9. Birthplace Italy (State or foreign country) 5

Major findings:
Of operations: 9/10
Of autopsy: 9/10
PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name: Graunto Palermo
13. Birthplace: Italy
14. Maiden name: Leonarda Colletta
15. Birthplace: Italy
16. (a) Informant: Frank Varvero
(b) Address: 406 Wabash
17. (a) Burial, cremation, or removal: Bernal (b) Date thereof: April 9-46
(c) Place: burial or cremation: Mt St Marys
18. (a) Signature of funeral director: Pascantino
(b) Address: 12 C me
19. (a) 4-8-46 (b) Geraldine Holmes

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) Means of injury
23. Signature: Anthony Paladino
Address: 712 Reals Date signed: 4/8/46

WRITE PLAINLY - USE UNFADING 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 J. S. Walton.....

Licensed Embalmer No. 2744.....

P. O. Address. N. E. 200.....

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.