

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2481

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Of Hoag
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 95 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kanaw City
(If outside city or town limits, write "RURAL")
(d) Street No. 417 Cherry
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME DOMENICO GUCCIARDO

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race W 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 unknown
(Month) (Day) (Year)

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

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

10. Usual occupation free bedlar

11. Industry or business self

12. Name Gerlando Gucciardo

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

14. Maiden name Cesilia Basone

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

16. (a) Informant Alphonso Gucciardo

(b) Address 417 Cherry

17. (a) Burial (b) Date thereof 6/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director John C. Koguter
(b) Address 165 MO

19. (a) 6-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from June 3 1946 to June 4 1946
that I last saw him alive on June 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Admission of coronary artery

Due to arterio-sclerosis Duration 18 yrs

Due to _____

Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death) Duration 1 Mo

Major findings: Of operations none 94a
Of autopsy _____

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 J. S. Sheldon (M. D. or other) _____

Address 925 N. Main Date signed 6-4-46

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

MOTHER FATHER

Dr Nigro

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 *Peter B. Lopez*

Licensed Embalmer No. *2773*

P. O. Address. *KCM*

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.