

FILED OCT 14 1946
Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

4121

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: MEMORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days) 17 YEARS (Specify whether years, months or days) (LAWAS)

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. 726 WOODLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ITALY

3. (a) PRINT FULL NAME MRS. MARY DI GIROLAMO
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-09-7080

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month SEPT day 28th year 1946 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 28 1946
that I last saw alive on Sept 28 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. THOMAS DI GIROLAMO
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased NOVEMBER 23 1885
(Month) (Day) (Year)

Immediate cause of death
Due to Coronary artery
Due to Cerebral embolism
Due to Cerebral embolism

8. AGE: Years Months Days If less than one day
60 10 5 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 480
Of autopsy

9. Birthplace GIBELLINA SICILY
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name VITO CARONNA
13. Birthplace SICILY
(City, town, or county) (State or foreign country)
14. Maiden name AGATINA PACE
15. Birthplace SICILY
(City, town, or county) (State or foreign country)

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?

16. (a) Informant JOSEPH DI GIROLAMO
(b) Address 2634 EAST 9th STREET
17. (a) BURIAL (b) Date thereof OCT. 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director B. J. Newcomer
(b) Address 1401 Birch Creek Blvd
19. (a) 9-30-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. M. Shepard (M. D. or other) M.D.
Address 2507 13th Date signed 9-30-46

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

Miss G. G. G. No. 1310

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 Elsear Horkhey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.