

S. No. 2
DOM-5-43
ev. 5-17-39
I X38871

FILED OCT 14 1946
Registration District No. **147**

Primary Registration District No. **1002**

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days) **unknown**

In this community **unknown**
years, months or days

3. (a) PRINT FULL NAME **Charles Rustin**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **Do not know**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna Rustici**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Feb. 13 1895**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **7** If less than one day
hr. min.

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

10. Usual occupation **laborer**

MOTHER {

11. Industry or business

12. Name **Anthony Rustici**

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

14. Maiden name **Anna Leamadi**

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

16. (a) Informant **Anna Rustici**

(b) Address **537 Forest Ave**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Sept 23 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys**

18. (a) Signature of funeral director **Passantino Bros**

(b) Address **12 CMO**

19. (a) **9-21-46**
(Date received local registrar)

(b) **Suzaldine Holmes**
(Registrar's signature)

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. **537 Forest**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20**
year **1946** hour **5** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Sept. 10 1946** to **Sept. 20 1946**
that I last saw him alive on **Sept. 20 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Rheumatic heart disease**
Acute pyelonephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) **958**

Major findings:
- Of operations

Of autopsy **See above**

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 **Wm W. Hart** (M. D. or other) **9-20-46**
Address **Med. Dir. Gen'l Hosp.** Date signed

Handwritten notes or scribbles in the top right corner.

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..... *Francis Walter*.....

Licensed Embalmer No. *2744*.....

P. O. Address..... *12 C W D*.....

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.