

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 566 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 yrs (Specify whether years, months or days)

In this community 39 yrs

3. (a) PRINT FULL NAME MARGARETE CIANCIMINA

3. (b) If veteran, name war no

3. (c) Social Security No. none

5. Color or race W

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

6. (b) Name of husband or wife Paul Ciancimina

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Mar 12 1908
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>38</u> | <u>11</u> | <u>26</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Vincenzo Jace

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

14. Maiden name Mary Yenna

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

16. (a) Informant Paul Ciancimina (Husband)

(b) Address 566 Campbell

17. (a) Burial, cremation, or removal None

(b) Date thereof 3-11-47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 3-10-47 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 566 Campbell
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 1942 to March 8 1947

that I last saw her alive on March 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Hodgkins Disease

Duration few hours

Due to _____

Other conditions (Include pregnancy within 3 months of death) 448

PHYSICIAN

Major findings: No operations

Of operations _____

Of autopsy No autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

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) (c) Means of injury _____

23. Signature [Signature] (M.D. or other)

Address 732 Rialto Building Date signed 3/10/47

In A.C. Hazel

Gratto Blvd

Va 2187

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

James B. Lupton

Licensed Embalmer No. *4273*

P. O. Address *KC 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. ;