

Registration District No. 199

Primary Registration District No. 1002

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:
Orthopedic Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether years, months or days)
 In this community One Week

3. (a) PRINT FULL NAME Phillip Ancona
 3. (b) If veteran, name was None
 3. (c) Social Security No. None

4. Sex Male Color or race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Teresa Ancona
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of decedent Jan. 10 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 11 5 hr. min.

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

10. Usual occupation Retire

11. Industry or business

12. Name John Ancona

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

14. Maiden name Frances Macluso

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

16. (a) Informant Joe Ancona

(b) Address 512 Park

17. (a) Burial (b) Date thereof 5/24/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

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

(b) Address Kansas City Mo

19. (a) 5-23-47 (b) St. Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 512 Park
 (If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
 year 1947 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 8, 1947 to May 21, 1947
 that I last saw him alive on May 21, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure
 Duration

Due to Tobacco due to
retinitis, carcinoma

Due to fun Prostate to ligand
to liver and pancreas

Other conditions (Include pregnancy within 3 months of death)

Major findings: 518
 Of operations metastatic carcinoma
of sigmoid - liver & pancreas
 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 James D. Ramey (M. D. or other)

Address 929 Bayou Blvd Date signed 5/23/47

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

12
15
39
47070

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 *F. S. Walton*
Licensed Embalmer No. *2744*
P. O. Address *R. C. MD*

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.