

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4650

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

1. PLACE OF DEATH: Jackson

(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 2 days  
(Specify whether years, months or days)

In this community 19 years  
(Specify whether years, months or days)

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. 2219 E 8th St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Grace Cappuzzo

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4  
year 1947 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

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 John Cappuzzo

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Oct 28, 1928  
(Month) (Day) (Year)

Immediate cause of death 30 Burns Centre Body

Due to \_\_\_\_\_

Due to explosion of gasoline at gas station

8. AGE: Years 19 Months 0 Days 76  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Deputy Coroner  
(Include conditions within 3 months of death)

Major findings of operations History 18/35

Of autopsy History 18/35

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

10. Usual occupation House wife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Byron Richards

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

14. Maiden name Maud Wright

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

16. (a) Informant Mrs Maud Faulkner

(b) Address Merida, mo

17. (a) Burial (b) Date thereof 11/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

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

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 11/2/47

(c) Where did injury occur? Kansas City mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?

18. (a) Signature of funeral director Charles B. ...

(b) Address 211 Indep. Blvd.

19. (a) 11-7-47 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of Injury Burns

23. Signature A. E. Usher (M. D. or other) mo  
Address 2800 main Date 11/4/47

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**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 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.**