

Registration District No. 149 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 K.C.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Orphnum Theatere 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town K.C. (If outside city or town limits, write "RURAL")
 (d) Street No. 522 Harrison (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Italy

3. (a) PRINT FULL NAME BIAGIO MORICI
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 14
 year 1948 hour 3:30 minute P M.
 21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years app 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Coronary sclerosis
 Due to arteriosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93 d

9. Birthplace Italy (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer
 11. Industry or business _____
 12. Name Isadore Morici
 13. Birthplace Italy (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Italy (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy no
Stalvey T. Jurgens
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Leocara
 (b) Address 522 Harrison
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/48 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt St Marys Cem
 18. (a) Signature of funeral director Sabbetas
 (b) Address erty
 19. (a) 1-17-48 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

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 3
 23. Signature John Walker (M. D. or other) Walker
 Address 1424 1/2 St Date signed 1-15-48

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 _____

Ray E. Snow

Licensed Embalmer No. 2570

P. O. Address _____

KE 7M

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.