

FILED JAN 4 1945
Registration District No. 19459

Primary Registration District No. 1002

State File No. 5166
Registrar's No.

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 518 Cherry 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florine Polito

3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex Fe 1 5. Color or race W 0 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased July 6 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 5 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Leonardo Polito

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Mary Polito

15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Polito

(b) Address 518 Cherry

17. (a) Burial (b) Date thereof 12-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director P.B. Lapetina

(b) Address K.C. Mo. 11 E. Brown

19. (a) 12-19-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1944 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 13 1944 to Dec. 17 1944
that I last saw her alive on Dec. 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

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)
(2) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-18-44

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

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.....

Peter B. Lapetina

Licensed Embalmer No..... *4273*

P. O. Address..... *K. C. 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.