

No. 2
-12-45
-17-39
X47070

FILED JAN 27 1947
Registration District No. **799**

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: **TRINITY LUTHERAN HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **29 DAYS**
In this community **29 DAYS**
(Specify whether 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. **3004 GRAND AVENUE 8**
(If rural, give location) **U**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LINDA JO LATORRE**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **DECEMBER 15, 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 hr. min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**
11. Industry or business
12. Name **JOSEPH C. LATORRE I**
13. Birthplace **PITTSBURGH PENNSYLVANIA**
(City, town, or county) (State or foreign country)
14. Maiden name **EVELYN HOOD**
15. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

16. Informant **Mrs Joseph Latorre**
Address **3004 Grand**

17. (a) **BURIAL** (b) Date thereof **JAN-16-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **1-15-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **14TH**
year **1947** hour **9** minute **00 P.M.**
21. I hereby certify that I attended the deceased from **Pathologist**, 19...
that I last saw him **alive on**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration

Due to **Congenital Bilateral Hydrocephalus secondary to Spina Bifida Cerebralis**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **1576**
Of operations
Of autopsy **above**

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 H. Hill** (M. D. or other) **M.D.**
Address **Trinity Lutheran Hosp.** Date signed **Jan 15 47**

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 *Bernard L. Horan*
Licensed Embalmer No. *4250*
P. O. Address *A C Me*

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.