V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

32994

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3662

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheron Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days. (Specify whether
In this community 38 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2924 Quincy.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James TORELLA.

3. (b) If veteran, name war None

3. (c) Social Security No. 487-10-7977

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Teresa Torella

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 28th, (Day) 1876 (Year)

8. AGE: Years 66 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business Kansas City Gas Co.

FATHER
12. Name Frank Torella.
13. Birthplace (City, town, or county) Italy. 5 (State or foreign country)

MOTHER
14. Maiden name Mary Legret.
15. Birthplace (City, town, or county) Italy. 5 (State or foreign country)

16. (a) Informant Mrs. Teresa Torella.
(b) Address 2924 Quincy.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 10-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th, year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Sept 28, 1942 to Oct 4, 1942 that I last saw him alive on Oct 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 6 days

Due to 830

Due to

Other conditions Pneumonia — 2 days
(Include pregnancy within 3 months of death)
Bronchial

Major findings:
Of operations

Of autopsy No

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. J. Farnsworth (M. D. or other)
Address 1103 Grand K.C. Mo. Date signed Oct 5, 1942

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.