

7. S. No. 2
DOM-5-43
ev. 5-17-39
X36671

FILED JUL 2 1946
Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 2771

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:
2937 Brighton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48
(c) City or town Kansas City MO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2937 Brighton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victor James Patte

3. (b) If veteran, name war none 3. (c) Social Security No. unknown

4. Sex male 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 Jun 5 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 5 15 _____ hr. _____ min.

9. Birthplace Kansas City MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Meropher

11. Industry or business _____

12. Name Victor Patte 5

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

14. Maiden name Viola Bellafiore
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Patte

(b) Address 3017 York

17. (a) Burial (b) Date thereof June 7, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Parmentier Bros.

(b) Address Kansas City MO

19. (a) 6-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from
June 19 1946 to June 20 1946
that I last saw him alive on June 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis Duration 2 1/2 wks

Due to Staph. Viridans 104.7

Due to pericardial + aortic stenosis
Rheumatic Fever

Other conditions 92.6
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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 _____

23. Signature Don Carlos M. D. (optional)

Address 1500 Prof Bldg Date signed 6-21-46

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

19610

Professional Embalmer
2-530

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 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.