

Registration District No. **149**

Primary Registration District No. **1002**

**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 **ST. LUKE'S CHILDREN'S HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3-DAYS**  
(Specify whether years, months or days)

In this community **1 MONTH**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")

(d) Street No. **# 3 JANSSEN PLACE**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **DEBORAH FOTIE**

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 1 1946**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
	<b>1</b>	<b>11</b>	hr. _____ min. _____

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

10. Usual occupation **INFANT**

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name **WILLIAM FOTIE**

13. Birthplace **REGGIO ITALY**  
(City, town, or county) (State or foreign country)

14. Maiden name **FERN LA MAR**

**MOTHER** { 15. Birthplace **WALLACE MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. WILLIAM FOTIE**

(b) Address **# 3 JANSSEN PLACE**

17. (a) **BURIAL** (b) Date thereof **JAN-13-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **1-13-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **JAN.** day **12<sup>TH</sup>**  
year **1947** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec 3**  
**1946**, to **Jan 12**, 19**47**;

that I last saw her alive on **Jan 12**, 19**47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **159**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Negative but possible encephalitis**

**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 **Ethel May Fisher M.D.** (M. D. or other) \_\_\_\_\_

Address **302 W 47 - K.C. Mo** Date signed **1/12-47**

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

1410 ~~11/11/11~~ 506 in 11/11/11

**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 Emily M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address Kemo

**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.