

SEP 6 1939

1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28427
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Northeast Hospital Registered No. 91 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Son of Mr. & Mrs. Herman Fitch

(a) Residence, No. 730 Montgall St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
X X X X
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. O
 (STATE OR COUNTRY)

FATHER
 13. NAME Herman Fitch

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Lorene Kier

16. BIRTHPLACE (CITY OR TOWN) South Dakota
 (STATE OR COUNTRY)

17. INFORMANT Herman Fitch
 (ADDRESS) 730 Montgall

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn Cemetery Aug. 7, 1939

19. FUNERAL DIRECTOR (NAME) Sheil Funeral Home,
 (ADDRESS) 6606 Independence Ave, K.C.Mo.

20. FILED 97 39 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1939, to Aug 5, 1939
 I last saw alive on Aug 5, 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Premature
still born
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) East Van Jones M. D.
 (Address) 100 1/2 S. 10th

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Joe B. Yoder

Registered Apprentice No. # 233, working under my personal supervision.

Signed J.P. Sheil

Licensed Embalmer No.

P. O. Address 6606 Independence
R.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, above space should be left blank.