DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1313

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 273

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12-26-40-1-16-41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 2215 Woodland Ave.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Larkie Fitchue

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Fred W. Fitchue

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

7. Birth date of deceased 2 (Month) 9 (Day) 1888 (Year)

8. AGE: Years 52 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk
(b) Address General Hospital #2

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 11 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 1520 N. 5th St.

19. (a) Jan 20 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 41 hour 7 minute P. M. M.

21. I hereby certify that I attended the deceased from 12-26- 1940, to 1-16- 1941
that I last saw her alive on 1-16- 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Type of Heart Disease	
Due to: Probable Pulmonary Embolism	
Due to: 93D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Above Mentioned.

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 P. C. Thomas (M. D. or other)
Address Gen. Hosp. #2 Date signed 1-20-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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 Nathan H Matchur

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St. KC

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.