FILED APR 3 1941

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

Do not use this space.

10396

1. PLACE OF DEATH

County Clay — Registration District No. 198 48 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 41

City Excelsior Springs, Mo (No. , Veterans Adm. Facility St. Ward)

2. FULL NAME Claude FETTERS

(a) Residence, No. 109 Monroe St., Ward. Lees Summit, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 0

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 20, 1896

7. AGE: 44 YEARS — MONTHS: 10 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter & Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: - odd jobs

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lees Summit, Mo. 0

FATHER

13. NAME: J. K. Fetters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~xxxxxxx~~ Ohio 1

MOTHER

15. MAIDEN NAME: Alice White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxton, Pa. 1

17. INFORMANT (ADDRESS): Hospital Records of V. A. F. Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL: burial

PLACE Lees Summit, Mo. DATE 3-16- 1941

19. UNDERTAKER (ADDRESS): N. B. Langsford Funeral Director Lees Summit Mo.

20. FILED March 14, 1941 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938 to March 14, 1941

I last saw him alive on 3-14-, 1941 Death is said to have occurred on the date stated above, at 5:30pm.

The principal cause of death and related causes of importance were as follows:

Syphilitic Heart Disease — Date of onset: undetermined

30 A

Other contributory causes of importance:

General Arteriosclerosis

Name of operation: none — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: no

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

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. B. Kleinman, M. D.

(Address) Vet Hosp, Ex Sps, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ECEIVED
strict Health Officer No. 8,
strict File Number
te Filed 4-2-41