

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Mo. & 9 days
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 601 East 12th St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME

Stanley Fetter

3. (b) If veteran, name war unk

3. (c) Social Security No. unk

4. Sex male 5. Color white 6. (e) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 21 years 1889

7. Birth date of deceased (Month) May (Day) 21 (Year) 1889

8. AGE: Years 53 Months 4 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Police

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Kansas City, Mo.

17. (a) burial (b) Date thereof 4-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm. G. Schuyler

(b) Address Kansas City, Mo.

19. (a) Apr 8 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1941 hour 2 minute 07 A. M.

21. I hereby certify that I attended the deceased from 12-27-40 19 to 4-5-41 19
that I last saw him alive on 4-5-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac hypertrophy and dilatation
Acute pulmonary edema and congestion
Hydrothorax

Due to _____
Due to 95 = N
Other conditions (include pregnancy within 3 months of death) 95 C

Major findings: Of operations _____
Of autopsy See above

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) Place 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?

23. Signature Wm. R. Crow (M. D. or other) 0
Address Med. Dir. N.Y. Gen. Hospital Date signed _____
(Specify type of place) (Means of injury)

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

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.....

Wm. A. Rohmeyer

Licensed Embalmer No.....

3084

P. O. Address.....

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.