

S. No. 2
M-1-4-41
P. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34021**
Registrar's No. **3961**

FILLED NOV 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

4838

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:
1306 Paseo, 2nd Floor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

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

(d) Street No. **1306 Paseo, 2nd Floor**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Ami Fitchue**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **486-10-2893**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Fitchue** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **February 26, 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	7	24	hr. min.

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

10. Usual occupation **Porter**

11. Industry or business **John Taylor Dry Goods**

12. Name **Jackson Fitchue**

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

14. Maiden name **Caroline**

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

16. (a) Informant **Minnie Fitchue**

(b) Address **1306 Paseo, 2nd Floor**

17. (a) **burial** (b) Date thereof **10/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Starkins Bros**

(b) Address **1729 Lydia**

19. (a) **10/24/41** (b) **Dr. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **29**
year **41** hour **3:10** minutes **P.** M.

21. I hereby certify that I attended the deceased from _____ 19____
Crow

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
9311

Due to _____

Due to _____

Other conditions **9311**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **See above**

Duration _____

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 **Starkins Bros** (M. D. or other) _____

Address **1729 Lydia** Date signed **10/29/41**

me

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.....

Licensed Embalmer No. 3994

P. O. Address..... 2503 Highland

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.