

FILED NOV 9 1942
 49

4027

Registration District No.

Primary Registration District No. 1002

Registrar's No.

48
 8630
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Memorial Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether years, months or days)
 In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
 (c) City or town Carrollton
 (If outside city or town limits, write "RURAL.")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? Baron (Poland) (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME

Louis FUSCH

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife. Berda Fusch 6. (c) Age of husband or wife if alive 9 months years
 7. Birth date of deceased. 10-31-1884
 (Month) (Day) (Year)

8. AGE: Years 58 Months — Days — If less than one day hr. min.

9. Birthplace. Poland 4
 (City, town, or county) (State or foreign country)

10. Usual occupation. Merchant

11. Industry or business.

MOTHER FATHER

12. Name. Untersaewer 4
 13. Birthplace. Poland (State or foreign country)
 14. Maiden name. Untersaewer
 15. Birthplace. Poland (State or foreign country)

16. (a) Informant. Mrs. Berda Fusch
 (b) Address. Carrollton, Mo.

17. (a) Removal (b) Date thereof. 10/31/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Mary's R. C. Mo

18. (a) Signature of funeral director. Stare & Bros. Chgo

(b) Address. Kansas City, Mo.

19. (a) 10-31-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
 year 1942 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from 10/18/42
 to 10/31/42
 that I last saw him alive on Oct 30 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial exhaustion

Due to. Chronic Myocarditis

Due to. Prostatic Hypertrophy 1370

Other conditions.
 (Include pregnancy within 3 months of death)

Major findings: Enlargement supra- and sub-renal glands
Of operations. Enlarged Prostate Gland - "Benign" Type
 Of autopsy.

Duration
 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. [Signature] (M. D. or other)
 Address. 1019 Poplar St. K.C. Mo Date signed 10/31/42

*Dr. R. Lee Hoffman
Prof. Bell*

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 *Lee H. Stewart*
Licensed Embalmer No. *4177*
P. O. Address *Kansas City, 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, fact should be so stated above.