

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30110**  
Registrar's No. **3566**

FILED SEP 22 1944

Registration District No. **1944** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson, Kansas City,**

(b) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Phillips Hotel**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **X**  
**all his life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Beaumont Fritz**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no.**

4. Sex **0 Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive **X** years **29**

7. Birth date of deceased **October 29 1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **03** Days **10** If less than one day **28.2** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **X**

12. Name **John Fritz**

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

14. Maiden name **Nancy Edmonson**

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

16. (a) Informant **Walter Fritz,**

(b) Address **6001 Oak St., Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **9-5-44**  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **9-2-44** (Date received local registrar)

(b) **H. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**

(c) City or town **Phillips Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Phillips Hotel, 2**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **E D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **1st**  
year **1944** hour **12:01** minute **A** M.

21. I hereby certify that I attended the deceased from **June 7 -**  
**1941** to **Sept 1** 19**44**  
that I last saw him alive on **Aug 31** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease & congestive failure** **4 yrs**

Due to **hypertension & arteriosclerosis** **4 yrs**

Other conditions (include pregnancy within 3 months of death) **03**

Major findings: Of operations

Of autopsy

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 **Rebecca D. O.** (M. D. or other)

Address **810 Proj Bldg** Date signed **9/1/44**

Dr. Robert C. Davis, Prof Bldg.

**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.....

*Paul P. Ballew*

Licensed Embalmer No.....

*4206*

P. O. Address.....

*K. C. Missouri*

**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.