

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI.  
STANDARD CERTIFICATE OF DEATH

13446

State File No. ....

1732

FILED APR 28 1947

Registration District No. 199

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: RESEARCH HOSPITAL O.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether years, months or days)  
In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. CHATHAM HOTEL 3701 BLDG  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country CANADA

3. (a) PRINT FULL NAME MAY B. FRITCHIE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MR. JULIUS FRITCHIE 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased MARCH 24 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name JAMES M. BENT

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

14. Maiden name BERTHA UNKNOWN

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

16. (a) Informant MRS L. JOSEPHINE MASSEY

(b) Address CHATHAM HOTEL 3701 BROADWAY

17. (a) BURIAL (b) Date thereof APRIL 17 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations VALINA KANSAS

18. (a) Signature of funeral director O. H. Deacon's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-16-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1947 hour 8 minute 35 P M.

21. I hereby certify that I attended the deceased from April 10 1947 to April 13 1947  
that I last saw him alive on April 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days  
Due to Essential Hypertension 2 yrs  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy 83 a

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 injury) (e) Means of injury 0

23. Signature David B. Robinson (M.D. or other)  
Address 928 Big Bldg Date signed 4-14-47

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

MOTHER FATHER

928 Professional Body  
12:30-4:30

**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 *D. H. Moberger*  
Licensed Embalmer No. *3938*  
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.**