

REC'D FEB 20 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1002

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____ Registered No. 15
 (c) City Kansas City, Mo. (d) Street No. K.C. General Hospital, K.C. Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jimmie Gene Fritz, Fritz

(a) Residence, No. 709 Garfield Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14th, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER 13. NAME John F. Fritz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

MOTHER 15. MAIDEN NAME Ina Ross
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) John L. Fritz
709 Garfield Avenue, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Uncie Kansas DATE Jan. 4th, 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster
918 Brooklyn Avenue, K.C. Mo.20. FILED Jan 3 1939 W. H. Crow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19.....

I saw him alive on _____, 19..... Death is said to have occurred on the date stated above, at _____ m.
 The original cause of death and related causes of importance were as follows:

10-20 burns of head, shoulders + hands
 Date of onset 18/15

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 12-20-38Where did injury occur? K.C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Spilled kettle of hotNature of injury stew over body

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Crow M. D.(Address) Gen Hosp; K.C. Mo.

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.....

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, above space should be left blank.