

Registration District No. 400

Primary Registration District No. 566310

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson Co Home 2  
(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 \_\_\_\_\_

8. (a) PRINT FULL NAME William Fritz 1932

8. (b) If veteran, name war ✓ 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased mar 9 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation metal worker

11. Industry or business unknown

12. Name unknown 67

18. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown 11

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

16. (a) Informant's own signature Ernest Jackson

(b) Address Little Blue Mo.

17. (a) removal (b) Date thereof Mar 20 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wickliffe Cem

18. (a) Signature of funeral director Netherland

(b) Address R Co mo

19. (a) 3/17/40 (b) John G. Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Jackson county Home  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Blue Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 9 th year 1940 hour seven minute 9 A.M.

21. I hereby certify that I attended the deceased from 2-15, 1940, to 3-1, 1940  
that I last saw him alive on 2-28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 40

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Greene (M. D. or other) \_\_\_\_\_

Address Independence Mo Date signed 3/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I 10951

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**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..... *Wm. L. Ward* .....

Licensed Embalmer No..... *3991* .....

P. O. Address..... *5725 Virginia* .....

**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.**