

FILED OCT 11 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30879

Registrar's No. 3442

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: H. E. T. B. M. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos 11 days  
In this community 18 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fritz Arthur Jewett  
3. (b) If veteran, name war Arthur J. Fritz No. 486-10-6311 (c) Social Security No. 8

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fritz, Lily 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased November 20 - 1907  
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Leola, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation meat cutter

11. Industry or business Fisher

12. Name Lily, Joseph Henry

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

14. Maiden name Fritz, Lily

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

16. (a) Informant's own signature Harry J. Kalow

(b) Address 1509 So 21<sup>st</sup> of K.C. Kans

17. (a) Burial (b) Date thereof Sept. 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 3, 1940 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

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. 3516 Harrison Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2  
year 1940 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1940, to Sept 2, 1940;  
that I last saw him alive on Sept 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death puem. etc  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 1

23. Signature Arthur Jewett (M. D. or other)

Address K.C. Tuberculosis Hosp Date signed 9/2/40

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.

**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address St. C. 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, above space should be left blank.