. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37584

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4182

FILED DEC 17 1940

1. PLACE OF DEATH:

(a) County Jackson 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: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) 1

In this community 14 Years 0

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. 2011 East 39th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? -------- years.

3. (a) PRINT FULL NAME Miss Olive Mae Fitch

3. (b) If veteran, name war none SS. 495-05-3448

3. (c) Social Security No. none

4. Sex Female 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 February (Month) 20 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
32	8	11	hr. min.

9. Birthplace Odessa (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Beautician 1

11. Industry or business Olive Fitch Beauty Shop 2212 East 39 Street 0

MOTHER FATHER

12. Name James William Fitch

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

MOTHER

14. Maiden name Ona Mae Himes

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

16. (a) Informant Mrs. Ona Mae Fitch

(b) Address 2011 East 39th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor Cemetery Odessa, Missouri

18. (a) Signature of funeral director O. H. Neiromers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-2-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1940 hour 1 minute 45 P. M. M.

21. I hereby certify that I attended the deceased from October 27, 1940, to October 31, 1940, that I last saw her alive on October 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Contusion and edema of spinal cord, cervical.	4 days
Due to: Fracture-dislocation of cervical spine, C5 on C6	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Congestion	1½ days

Major findings:
Of operations 2 10 TV
Of autopsy

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) Accident

(b) Date of occurrence October 27, 1940

(c) Where did injury occur? Near Warrensburg, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #50. (Specify type of place)

While at work? No (e) Means of injury Auto Collision

23. Signature Donald F. Coburn (M. D. or other) M.D.

Address 1103 Grand Ave., K.C., Mo. Date signed Nov 1 40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wallace W. Green
Professional
12-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kc Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.