

FILED OCT 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

18  
20  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
3850 East 59th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles  
(c) City or town Rose Mead  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1628 Strang Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Edith Mabel Phelps Fritz

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Elwood W. Fritz  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased November 22 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 9 18 hr. min.

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

10. Usual occupation House wife

11. Industry or business At Home

12. Name Louis R. Phelps

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

14. Maiden name Mary Anna Gosh

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

16. (a) Informant Mrs. Louis Phelps

(b) Address 3850 E. 59th St

17. (a) Burial (b) Date thereof Sept. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Forest Hill Cemetery

18. (a) Signature of funeral director J. H. Huwcometason

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/15/41 (b) m m Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 10th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that Edith Mabel Phelps deceased from 9:00 a.  
that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Lobar pneumonia (st)  
Diabetes Mellitus 11/10  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 61  
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) \_\_\_\_\_  
(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? \_\_\_\_\_ (Specify type of place) injury \_\_\_\_\_  
23. Signature Edward H. Hubler (M. D. or other) 3  
Address K.C. Mo. Date signed \_\_\_\_\_

**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..... *Ernie 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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**