

2-40
-39
K23150

Registration District No. **85**

Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Buchanan**
 (a) County **Buchanan**
 (b) City or town **St. Joseph** (Outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1906 South 18th St.**
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)
 In this community **35 years**

3. (a) PRINT FULL NAME **Poland Fetty**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **491-09-3389**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **May Fetty**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **March 8, 1888**
 (Month) (Day) (Year)

8. AGE: Years **53** Months **5** Days **23**
 If less than one day hr. min.

9. Birthplace **Lyons Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Clark**

11. Industry or business **Wyath Hardware Co.**

MOTHER FATHER {
 12. Name **Anthony Fetty**
 13. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary S. Hoskins**
 15. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lester Downs**
 (b) Address **1906 South 18th St.,**

17. (a) **Burial** (b) Date thereof **Sept. 4, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ashland**

18. (a) Signature of funeral director **Robert Mortuary**
 (b) Address **5025 King Hill A. S.**

19. (a) **9-3-1941** (b) **H. J. Westphal**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1906 South 18th St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**
 year **1941** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **July 13**
 19**40** to **Aug 30** 19**41**;
 that I last saw him alive on **Aug 29** 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Leukemia right hip** 18M
 Due to: **55B**
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: **Byghs State Hospital for Cancer**
 Of operations: _____
 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? _____

While at work? (Specify type of place) _____
 (e) Means of injury **fall**
 23. **Charles J. Werner** (M. D. or other) **M. D.**
 Address **281 Kirkpatrick Blvd. St. Joseph**

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, on Sept. 1,

....., Registered Apprentice No.
working under my personal supervision.

Signed

Eric A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.