

Registration District No. **399**

Primary Registration District No. **1002**

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: **Trinity Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)  
In this community **20 years**

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. **4440 Wornall Road** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Clyde Fyfe**  
(b) If veteran, name war **No** (c) Social Security No. **487-05-7481**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Greta C. Fyfe** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **September 2 1884**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **10** Days **4** If less than one day hr. min.

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

10. Usual occupation **Live Stock**

11. Industry or business **Commissioner**

MOTHER FATHER { 12. Name **James Fyfe**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Orphalina Scott**  
15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Greta C. Fyfe**  
(b) Address **4440 Wornall**

17. (a) **Burial** (b) Date thereof **7-8-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Mo.**

19. (a) **7-7-42** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6 a.m.**  
year **1942** hour **7** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **July 1-1942**  
to **July 6, 1942**  
that I last saw him alive on **July 5, 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **1- Gastro intestinal hemorrhage 5 days of undetermined course**

Due to **2- Secondary anemia**

Other conditions **123.2**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **4.10**

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? \_\_\_\_\_ (r) Means of injury \_\_\_\_\_  
23. Signature **Wm. J. Smith** (M. D. or other) \_\_\_\_\_  
Address **Trinity Hospital** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

*Clarence W. Chiles*

Licensed Embalmer No.

*3473*

P. O. Address

*76 e 7660*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2584

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME John Clyde Fyfe  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beta G Fyfe 6. (c) Age of husband, or wife, if alive 57 year  
7. Birth date of deceased. Dec 2 1883  
(Month) (Day) (Year)

| 8. AGE:   | Years | Months | Days | If less than one day |
|-----------|-------|--------|------|----------------------|
| <u>58</u> |       |        |      | hr. min.             |

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7/28/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

19. MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 6  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

STATE OF MISSOURI )  
 )  
COUNTY OF JACKSON )

GRETA C. FYFE, having been first duly sworn on her oath according to law, deposes and states that she is the widow of John Clyde Fyfe, deceased, and in making arrangements for his funeral, through error gave September 2, 1884, as the date of his birth, and that said date was and is in error; that the correct birth date of said John Clyde Fyfe, deceased, is September 2, 1883, and the Certificate of death should be corrected accordingly.

Greta C. Fyfe

Subscribed and sworn to before me this 27<sup>th</sup> day of July, 1942.

Leon E. Bloch  
Notary Public.

My commission expires: Sept 20-1943

(52) - 20263

July 6, 1942

STATE OF MISSOURI )  
                          )  
COUNTY OF JACKSON)

GRETA C. FYFE, of lawful age, having been first duly sworn on her oath according to law, deposes and states that for the past several years, in order to get employment, she has been giving her age as ten years less than it actually is, and that she so gave it to the Freeman Mortuary on July 7, 1942, in connection with arrangements for the funeral of her deceased husband, John Clyde Fyfe, deceased; that her correct age is 57 and her date of birth is December 8, 1884, and that the records should be corrected accordingly.

Greta C. Fyfe

Subscribed and sworn to before me this 27<sup>th</sup> day of July, 1942.

Leon E. Bloch  
Notary Public.

My commission expires: Sept 20-1943