. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

JUL 3 - 1942

48

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21404

Registration District No. 409 Primary Registration District No. 5558 Registrar's No. 25

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Rural - Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8301 Ward Parkway - R.R. # 7, K. C.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 7 Months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Rural [illegible] City
(If outside city or town limits, write "RURAL")

(d) Street No. 8301 Ward Parkway R.R. # 7 K.C.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Mr. Bernal Vinton Fritts

3. (b) If veteran, name war World War I

3. (c) Social Security No. 487-07-8578

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Esther Fritts

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August (Month) 25 (Day) 1899 (Year)

8. AGE: Years 44 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Montivedio (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation Salesman

11. Industry or business McKesson Products

FATHER
12. Name Ernest Fritts
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ethel Thorn
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Esther Fritts
(b) Address 8301 Ward Parkway R.R. # 7, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery, K.C.Mo.

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. K.C.Mo.

19. (a) 6/18/42 (Date received local registrar) (b) R. V. Lindsey & Sons By Rascoe H. Kirby (Registrar's signature)

1152 Connie G. Hedges

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 9th year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to Dec 6, 1941 that I last saw him alive on February, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Coronary occlusion | 15 min. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

94a

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 Dan H. Wheeler (M. D. or other)

Address 1800 Prof. Bldg Date signed 6-9-42

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1942

1800 Professional Bldg
1-4

**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: K.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, fact should be so stated above.**