

FILED SEP 24 1942  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3412

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 Lutheran Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Hours  
 In this community 7 Hours  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen Louise Fairchild

3. (b) If veteran, name war No 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 \_\_\_\_\_

7. Birth date of deceased September 15 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 7 hr. 41 min.

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

10. Usual occupation Infant

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

12. Name Stuart Henry Fairchild

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

14. Maiden name Evona Lavcine Uhl

15. Birthplace Delia Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Stuart Henry Fairchild

(b) Address 3101 East 23rd Street

17. (a) Burial (b) Date thereof Sept. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. M. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-17-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 3101 East 23rd Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1942 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 15, 1942 to April 16, 1942  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema  
 Due to Internal Hydrocephalus  
 Due to ?  
 Other conditions 87E  
 (Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Cerebral edema & internal hydrocephalus

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 \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 1025 W. 23rd St. Date signed 9-16-42

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

MOTHER FATHER

48  
80  
0  
42

**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

*H. O. Newcomer Jr.*

Licensed Embalmer No.

*4043*

P. O. Address

*R. 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.**