V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9074

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1307

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4819 Independence Avenue
(If rural, give location)

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

If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Mary May Fyffe

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 Married

6. (b) Name of husband or wife Mr. Harry A. Fyffe

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 1 (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name August Perrette
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Kate LeCoe
15. Birthplace New Albany (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Harry A. Fyffe
(b) Address 4819 Independence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Pathologist to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis Cardiac hypertrophy	
Due to 42	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Lyle A. Willits 0 (M. D. or other)

Address By Braine Sherwood, M.D. Date signed

(Licensed Embalmer's Statement on Reverse Side) Pathologist, St. Joseph Hospital K.C., Mo.

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. [illegible]

Licensed Embalmer No. 4043

P. O. Address. St. Louis 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.