

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3556

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 day
In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 805 So. Hardy
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME INFANT FABISH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased Aug 17 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Wm J. Fabish

13. Birthplace Minnetonka Minn
(City, town, or county) (State or foreign country)

14. Maiden name Pelle
(City, town, or county) (State or foreign country)

15. Birthplace Columbia Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Fabish

(b) Address 805 So. Hardy

17. (a) Burial (b) Date thereof 8/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Washington

18. (a) Signature of funeral director Geo. C. Cullen

(b) Address Independence Mo

19. (a) 8-17-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1943 hour 15 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 14
1943 to Aug 15 1943
that I last saw him alive on Aug 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart

Due to Patent inter vent. Septum

Due to 157e

Other conditions (Include pregnancy within 3 months of death)

Duration

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?

While at work? (Specify type of place) Means of injury

23. Signature Buford G. Hamilton (M. D. or other)
Address 1107 Bryant Date signed 8/16/43

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

Full Permitt in N.C.

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 *Mark H. H. H. H.*

Licensed Embalmer No. *2467*

P. O. Address *Indy. 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.)

sl. If this body is not embalmed, fact should be so stated above.