DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 1479

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1390

Registrar's No. 321

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 38 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1413 Charlotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Guy Fritts
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 1 (Day) 1877 (Year)
8. AGE: Years 66 Months 4 Days 19 If less than one day ___ hr. ___ min.
9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name William Fritts
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Ida Hunt
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Ora Fritts
(b) Address Pittsburg Ks
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 20 44 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg Ks
18. (a) Signature of funeral director E. L. Mill Funeral Home
(b) Address 510 So Broadway Pittsburg Ks
19. (a) Jan 20, 1944 (Date received local registrar) (b) Fred Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1944 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from January 11, 1944 to January 20, 1944
that I last saw him alive on January 20, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perinephritic Abscess & Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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 0
23. Signature U. E. Upsher (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Summers Field

Licensed Embalmer No. 3007

P. O. Address Lotsburg Kansa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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