S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30735

State File No.

Registration District No. 71 Primary Registration District No. 9012 Registrar's No. 133

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 1 day (Specify whether years, months or days) In this community 1 mo., 1 day

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 906 E. 29th St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Robert Fitchue
3. (b) If veteran, name war: World War I
3. (c) Social Security No. 494-14-4407
4. Sex: Male 2
5. Color or race: Colored 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wife, Carrie Fitchue
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: September 7, 1891 (Month) (Day) (Year)

8. AGE: Years 53 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Little Rock, Arkansas (City, town, or county) (State or foreign country) 1
10. Usual occupation: Janitor work -unemployed
11. Industry or business: " "
FATHER
12. Name: Thomas Fitchue
13. Birthplace: ? (City, town, or county) ? (State or foreign country) 1
MOTHER
14. Maiden name: Amanda Fitchue
15. Birthplace: ? (City, town, or county) ? (State or foreign country) 4
16. (a) Informant: Hospital records, Veterans Admin-
(b) Address: istration, Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City Mo.
18. (a) Signature of funeral director: Herbert Hope HERBERT HOPE
(b) Address: Excelsior Springs, Mo.
19. (a) 9-28-44 (Date received by local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1944 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from August 26, 1944, to September 27, 1944, that I last saw him alive on September 27, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach with generalized metastasis	unknown
Due to: 46	
Due to:	
Other conditions: Anemia, secondary, severe (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations:
Of autopsy: As shown above

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: Ernest M. Tapp MD ERNEST M. TAPP, Major, M.C. (M.D. or other)
Address: Veterans Administration, Date signed 9-28-44

1164 (Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

RECEIVED
District Health Office No. 8,
District File Number
Date Filed 10-10-42

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 James G. Moles

Licensed Embalmer No. 3296.

P. O. Address Excelsior Springs 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.