

FILED OCT 24 1944

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
837 West 58th Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 49

(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 837 West 58th Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Nathaniel Fitch

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced, widowed 2 divorced, widowed

6. (b) Name of husband or wife Gertrude C. Fitch 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 6 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	4	4	hr. min.
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9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

12. Name Lyman Fitch

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Green

15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. B. Jenkins, Jr.

(b) Address 837 W. 58th Ter., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-18-44 (Date received local registrar) (b) T. E. Brown (Ug) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th  
year 1944 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from April  
1944 to Oct. 10, 1944

that I last saw him alive on Oct. 9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 3 days

Due to Hypertensive heart disease with myocardial failure 3 mon.

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) [Signature]

Address 1408 Waldheim Bldg. Date signed 10-10-44

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

MOTHER FATHER

Dr. W. Merritt Ketcham

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**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..... *S. J. Allen* .....

Licensed Embalmer No. *1415* .....

P. O. Address *H. C. M's* .....

**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.**

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4082

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

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
837 W. 58th. Terr.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 63 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Nathaniel Fitch  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased.....  
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 10-11-44 (b) N. E. Brown  
(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. 837 W. 58th. Terr.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Oct. day 10,  
 year 1944 hour..... minute..... M.

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

Immediate cause of death hypostatic pneumonia, bronchial  
hypertensive heart disease  
with myocardial failure  
 Due to.....  
 Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
3 days  
3 mo.  
 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 W. M. Ketcham (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

936

HTHACH HO CHAU CHAU HUNG HUNG  
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