

FILED MAY 29 1947

State File No. _____

2191

Registration District No. 199

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:
7136 WASHINGTON STREET
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ 65 YEARS years, months or days)

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. 7136 WASHINGTON STREET
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS MADELINE LEMOYNE FITZER
 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 WIDOWED
 6. (b) Name of husband or wife HOWARD C. FITZER
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH - 19 - 1872
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAY day 17TH
 year 1947 hour 9:35 minute P M.
 21. I hereby certify that I attended the deceased from 3-19-1945
15, 1945, to 5-17, 1947
 that I last saw her alive on 4-30, 1947
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>12</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Coronary Artery Disease
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace MOUND CITY KANSAS
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE
 11. Industry or business AT HOME
 12. Name THOMAS MINOR HARTFORD
 13. Birthplace PENNSYLVANIA
 (City, town, or county) (State or foreign country)
 14. Maiden name FRANCES LYMAN
 15. Birthplace WISCONSIN
 (City, town, or county) (State or foreign country)
 16. (a) Informant MR. DEAN FITZER
 (b) Address 7410 TERRACE
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 20, 1947
 (Monthly) (Day) (Year)
 (c) Place: burial or cremation MT. WASHINGTON
 18. (a) Signature of funeral director W. H. McCombs
 (b) Address 1401 1/2 Bush Creek Blvd.
 19. (a) 5-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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 P. A. Johnson (M. D. or other) _____
 Address 1515 1/2 Date signed 5-18-47

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

80 27 11/11/28

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 *Jess News*.....

Licensed Embalmer No. *4453*.....

P. O. Address *Kansas City*.....

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.