

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43729**
5404
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Aladdin Hotel	
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		d. STREET ADDRESS (If rural, give location) 1213 Wyandotte 328	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) M. c. (Last) Hitchcock		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 14, 1894
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cudahy Packing	
11. BIRTHPLACE (State or foreign country) Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mortimer Hitchcock	13b. MOTHER'S MAIDEN NAME Neta Hyman	14. NAME OF HUSBAND OR WIFE Nellie Hitchcock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. 1	16. SOCIAL SECURITY NO. 511-05-0772	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Hitchcock	ADDRESS Aladdin Hotel
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Superior Mediascul Obstruction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kypho Scoliosis - due to		
	DUE TO (c) Fracture of Spine Thoracic 5th (old)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Painful further Extension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E962 117	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wichita, Kansas
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-21-49**, 19___, that I last saw the deceased alive on **12-21-49**, 19___, and that death occurred **12-21-49** from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr	23b. ADDRESS St. Joseph Hospital	23c. DATE SIGNED 21 Dec 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-21-49	24c. NAME OF CEMETERY OR CREMATORY Wichita Park	24d. LOCATION (City, town, or county) (State) Wichita, Kansas
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DATE REC'D BY LOCAL REG. 12-21-49	REGISTRAR'S SIGNATURE Staldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 23 1950

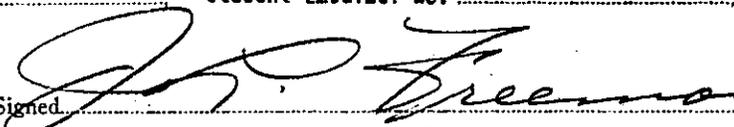
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 2939

P. O. Address F. C. 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.