

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4320

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 816 West Gregory Blvd.			d. STREET ADDRESS (If rural, give location) 816 West Gregory Blvd.		

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) J.		c. (Last) FRITCH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1950	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-3-1894	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Inspector		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Independence, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME F. J. Fritch		13b. MOTHER'S MAIDEN NAME Cora Hazen		14. NAME OF HUSBAND OR WIFE Verne Fritch, wife			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS K.C., Mrs. Verne Fritch, 816 West Gregory Blvd.,			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion					1 hour	
		ANTECEDENT CAUSES						
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS					4:01	
		Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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 _____, 19____, to **Oct 11, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5 PM** m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Hoffman (Degree or title) MD		23b. ADDRESS 330 Professional Bldg		23c. DATE SIGNED 10-12-50	
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-13-50		24c. NAME OF CEMETERY OR CREMATORY mt. moriah		24d. LOCATION (City, town, or county) (State) K.C. Mo.	
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DATE REC'D BY LOCAL REG. 10-12-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr J. S. Hoffmann
330 Prof. Bldg. - 11:00 A.M.
Un. 8244

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

May E Meyer

Signed.....

Student Embalmer

Licensed Embalmer No. 4555

P. O. Address: Kansas City, 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.