

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27274**
3965
Registrar's No. **3965**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3965			
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) Life		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give locatlop) 1629 LISTER		3228			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) PAUL		c. (Last) FUSCH		4. DATE OF DEATH (Month) (Day) (Year) 8-13-54		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-31-18		9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES PAUL FUSCH			13b. MOTHER'S MAIDEN NAME MAUD BARNETT			14. NAME OF HUSBAND OR WIFE Mildred J. Fusch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 6-13-41 - 11-28-45		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL OFFICIAL RECORDS, K.C., MO		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, acute				DUPLICATE				24 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1 yr	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7-31 , 19 54 , to 8-13 , 19 54 , (day / month / year) and that death occurred at 1:10 a. m., from the causes and on the date stated above.									
23a. SIGNATURE Frank A. Mantz, M.D. (Degree or title) D				23b. ADDRESS VA Hospital, K. C., MO		23c. DATE SIGNED 8-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 8-16-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. JUNKER DIRECTOR'S SIGNATURE N. N. Newcomer		ADDRESS 1331 BRUSHWOOD		KANSAS CITY, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 44

P. O. Address Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.