

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9976
Registrar's No. 1410

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
634 West 39th St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME NELLIE FITZGERALD 326
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 Married
6. (b) Name of husband or wife Charles M. Fitzgerald 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 17, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name John Dugan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Hurley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles M. Fitzgerald
(b) Address 634 W. 39th St.

17. (a) Burial (b) Date thereof 3/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Quizby & Tobin Co
(b) Address B. C. No.

19. (a) Mch 30, 1940 (b) M. M. Crowl
(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. 634 West 39th Terr.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1940 hour 2 minute 49 P. M.

21. I hereby certify that I attended the deceased from 1935, 19____, to March 28, 1940;
that I last saw her alive on March 28, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral stenosis & regurgitation
Chronic myocarditis
Due to arterio sclerosis

Duration
3 years
5 "
5 years

Due to arterio sclerosis

Due to 9210

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death) 4 years

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Leo A. O'Brien (M. D. or other) M.D.
Address 801 1/2 W 39th Date signed 3-29-40

MARGIN RESERVED FOR BINDING

50M-6-17-39
REV. 6-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1939

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 3774
working under my personal supervision.

Signed Charles M. Gunn

Licensed Embalmer No. 3774

P. O. Address K. 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, above space should be left blank.