

FILED JAN 8 1947 3

Registration District No. _____ Primary Registration District No. 3006

Registrar's No. 284

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

1. PLACE OF DEATH: 2

(a) County Saline

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 706 Maryland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years
(Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 706 Maryland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME META THERESE FITZEN

3. (b) If veteran name was None 3. (c) Social Security No. None

4. Sex Female 5. Color of White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Oct 5 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>24</u>	hr. _____ min.

9. Birthplace Washington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Univ of Mo

12. Name Henry O. Fitzgen

13. Birthplace Prussian Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Richard

15. Birthplace Muscheid Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jess Fitzgen

(b) Address 706 Md. Columbia, Mo

17. (a) Burial (b) Date thereof Dec 31 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Locher's

(b) Address Columbia Mo

19. (a) 12/31/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 1935 to 1940 that I last saw her alive on Dec 29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Myocarditis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 74

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. Beard (Date or other) 12/30/40

Address Columbia, Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SEP 24 1943

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.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.