S: No. 2
1—4-13-40
v. 5-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1772

Registration District No. 82 Primary Registration District No. 4050 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Easton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No Street Address Easton, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether years, months or days)
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town Easton (If outside city or town limits, write "RURAL") 0
(d) Street No. No Street Address (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Margaret Ann Fitzgerald
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased September (Month) 17, (Day) 1878 (Year)
8. AGE: Years 62 Months 4 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace New Holland (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business
12. FATHER Name Thomas Fitzgerald
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
14. MOTHER Maiden name Mary Ann Fitzsimmons
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. Arthur Grier
(b) Address Hemple, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 1/31-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th year 1941 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from 4-1, 1937, to 1-30, 1941, that I last saw her alive on 1-30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Breast — Duration
Due to
Due to 5D
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — 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? 82
While at work? (Specify type of place) (e) Means of injury
23. Signature G. F. Kimbrel M.D. (M. D. or other) D
Address Easton Mo Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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.....,

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.