

FILED FEB 6 1942

Registration District No. 4-51

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Johnson  
 (b) City or town Warrensburg, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Warrensburg Clinic  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
 (c) City or town Centerview (Rural) Columbus  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Columbus Township (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Adah Fitch

3. (b) If veteran, name war \_\_\_\_\_

none

3. (c) Social Security No. \_\_\_\_\_

none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
 year 1942 hour 2:45 minute \_\_\_\_\_ A..M.

21. I hereby certify that I attended the deceased from 1937, 19 \_\_\_\_\_, to Jan - 11 - 42, 19 \_\_\_\_\_  
 that I last saw him alive on Jan 10 - 42, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
 Duration 2 weeks

Due to arteriosclerosis ?

Due to High blood pressure ?

Other conditions Diabetes ?  
 (Include pregnancy within 3 months of death)

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife: Albert Fitch 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Oct 27 1873  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 14  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Housekeeper

11. Industry or business \_\_\_\_\_

12. Name: Gelderoy Kolderman

13. Birthplace: Unknown Ill.  
 (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Jane Frances

15. Birthplace: Unknown Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Albert Fitch

(b) Address: Centerview, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan - 13 - 1942  
 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Hill

18. (a) Signature of funeral director: Sweeney-Phillips

(b) Address: Warrensburg, Mo.

19. (a) Jan 12 - 1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

PHYSICIAN  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_  
 23. Signature: R. F. Williams (M. D. or other) \_\_\_\_\_  
 Address: Warrensburg, Mo. Date signed: Jan 23 1942

1001

FEB 4 1942

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 Carl Priest, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Carl Priest

Licensed Embalmer No. 3474

P. O. Address Warrensburg 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.