

No. 2
M-9-4-41
v. 5-17-39
I X29484

17889

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JUN 22 1942

Registration District No. 291

Primary Registration District No. 5409B

Registrar's No. _____

3600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Central
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural Central 36
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Franklin H. Fitch
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1942 hour 8:00 minute _____ P. M.

4. Sex M 2
5. Color or race Colored
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: 11-20-1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 6 Days 73
If less than one day _____ hr. _____ min.

Immediate cause of death Suicide By Hanging from tree in woods near Fitch home. Duration _____
Due to dispondency from the 1st of May
Due to Mind was wandering
Other conditions _____ (Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Major findings:
Of operations _____
Of autopsy _____ 1040

10. Usual occupation farmer
11. Industry or business _____
12. Name Geo. Fitch
13. Birthplace Wassell, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Steward
15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Carter Fitch
(b) Address Kirkwood, Mo.
17. (a) Burial (b) Date thereon 6-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fitch's Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 2, 1942
(c) Where did injury occur? St. Clair, Franklin Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On his own farm
While at work _____ (Specify type of place)
(e) Means of injury Coroner

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair Mo.
19. (a) June 3-1942 (b) P. J. King
(Date received local registrar) (Registrar's signature)

23. Signature Harold (Specify type of place)
Address Harold, Missouri Date signed 6-2-42

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.

*Body not in solution
to be embalmed*

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.