

FILED MAR 5 1943  
Registration District No. **179**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1000 Admiral Blvd # on street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown (Specify whether)

In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson **48**

(c) City or town K.C. **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 613 Frost  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Francis Fitzgerald

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23  
year 43 hour          minute          M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife         

6. (c) Age of husband or wife if alive          years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from          1943 to          19        ;  
that I last saw him          on                   19        ;  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months          Days          If less than one day          hr.          min.

Immediate cause of death Death due to natural causes.

Due to         

Due to         

Other conditions           
(Include pregnancy within 3 months of death)

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

10. Usual occupation         

11. Industry or business         

12. Name         

13. Birthplace          **9**  
(City, town, or county) (State or foreign country)

14. Maiden name         

15. Birthplace          **9**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations         

Of autopsy         

PHYSICIAN           
Underline the cause to which death should be charged statistically.

16. (a) Informant Coroner

(b) Address Court House

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/27/43  
(Month) (Day) (Year)

(c) Place of burial or cremation College of Anatomy

18. (a) Signature of funeral director Schultz

(b) Address 904 E. 5th

19. (a) 2-27-43 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

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) Means of injury         

23. Signature M. D. Upsher (M. D. or other) **M. D.**  
23rd McCoy Date signed 2/26/43

**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

*Ray E Snow*

Licensed Embalmer No.

*2560*

P. O. Address

*1507 W*

**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.**