

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: city 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. city
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTIN FITZGERALD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ma 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Emma Snyder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business _____
12. Name Thomas Fitzgerald
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McShane
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Fitzgerald

(b) Address Livingston, MO

17. (a) Burial (b) Date thereof 6-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director Winkler

(b) Address Livingston, MO

19. (a) 7-7-43 (b) Mrs. F. Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from for many years 19 _____ to 19 _____
that I last saw him alive on June 7 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to 940

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
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? _____

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

23. Signature J. C. Cope (M. D. or other) _____
Address Livingston MO Date signed 7/7/43

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

54
3
2

Copied

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed *7-13-43*

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 *Ernest J. Kumpel*
Licensed Embalmer No. *3275*
P. O. Address *Luxington 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.