

FILED AUG 14 1943

Registration District No. 149

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 Kansas City
(c) Name of hospital or institution:
2511 Agnes
(d) Length of stay: In hospital or institution 3 1/2 yrs.
In this community 3 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2511 Agnes
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN FITZGERALD

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 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 unknown

8. AGE: Years about 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ireland

10. Usual occupation retired farmer

11. Industry or business _____

12. Name James Fitzgerald

13. Birthplace Ireland

14. Maiden name Margaret Howard

15. Birthplace Ireland

16. (a) Informant James Fitzgerald

(b) Address 2511 Agnes

17. (a) Burial (b) Date thereof 8/3/1943

(c) Place: burial or cremation Hoge, Kansas

18. (a) Signature of funeral director Durk and Dolin Co.

(b) Address 20 W. Linwood, K.C., Mo.

19. (a) 8-2-43 (b) T. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Deputy Coroner that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to 930

Due to _____

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

Major findings: Of operations _____

Of autopsy Inspection & history

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? _____
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

23. Signature A. E. Walker (M. D. or other) M.D.

Address 2511 Agnes Date signed 8/1/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificat  was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Charles M. Quirk*
.....
Licensed Embalmer No..... *3774*
P. O. Address..... *K. C. 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.