

Registration District No. **128**

Primary Registration District No. **2000**

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

**1. PLACE OF DEATH:**

(a) County **GREENE**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1941 So Jefferson**  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Greene** **39**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **1941 So Jefferson**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ROBERT F. FITCH JR.**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **40**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov** day **21**  
year **1943** hour **4** minute **15 P.M.**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **25** years **1920**

7. Birth date of deceased: **March 25** (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**No Physician on Attendance** 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

**8. AGE:** Years **23** Months **7** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Bullet wound of Head**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation **None**

11. Industry or business **At Home**

**MOTHER** { 12. Name **ROBERT FITCH SR**

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

14. Maiden name **EMILIE WISLOCKI**

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

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**1640**

16. (a) Informant **Robert Fitch Sr**

(b) Address **1941 So Jefferson, Springfield, Mo**

17. (a) **Burial** (b) Date thereof **Nov 23-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Nov 21, 1943**

(c) Where did injury occur? **Spfd. Greene Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In the house**

While at work? **no** (Specify type of place) (e) Means of injury **32 revolver**

18. (a) Signature of funeral director **J. W. Kingner & Co**

(b) Address **Springfield Mo**

19. (a) **11-23-43** (b) **J. W. Kingner & Co**  
(Date received local registrar) (Registrar's signature)

23. Signature **Harvey C. Stone** (M. D. or other) **3**

Address **Springfield, Mo** Date signed **11-22-43**

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**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..... *Max Rhodes*

Licensed Embalmer No. *4071*

P. O. Address..... *Springfield*

**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.**