

S. No. 2  
DOM-5-43  
rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18568**

FILED JUN 14 1944

Registration District No. **193** Primary Registration District No. **5208** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **MCDonald**

(b) City or town **Rural** *Burnside Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Goodman Mo., R.F.D., # 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MCDonald** **60**

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

(d) Street No. **Goodman Mo., R.F.D., # 1**  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME **GENEVIEVE FITCH**

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

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband **F.D. FITCH** 6. (c) Age of husband or wife if alive **88** years

7. Birth date of deceased **Sept., 17th, 1861**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **First Name Unknown, Sherman,**

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

14. Maiden name **Unknown**

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

16. (a) Informant **F.D. Fitch**

(b) Address **Goodman Mo.,**

17. (a) **Removal** (b) Date thereof **6-5-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **##### Holy Grove NEB,**

18. (a) Signature of funeral director *Chas J. Williams*

(b) Address **Goodman Mo.**

19. (a) **6/10/44** (b) *Mrs. C. W. Williams*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**, year **1944** hour **2** minute **10**, P. M.

21. I hereby certify that I attended the deceased from **May 2**, 19**44**, to **June 4**, 19**44**; that I last saw h. er. alive on **May 2**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **Senility**

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

Other conditions (Include pregnancy within 3 months of death) **830**

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

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

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) (e) Means of injury \_\_\_\_\_

23. Signature *C. E. Williams* M. D. or other **MD**  
Address **Box 86, Nevada Mo.** Date signed **6/5/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

464 (Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 6,

District File Number 644-733

Date Filed JUN 12 1944

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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.....

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.**