

5326

FILED FEB 24 1945

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5326

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Crawford MO  
(b) City or town Rural Meramec  
(c) Name of hospital or institution: Swiss  
(If not in hospital or institution, write street number or location) 11  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME Frank Fitzwater

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

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

6. (b) Name of husband or wife Margari Fitzwater 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept - 15 - 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Marion Fitzwater

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Rodan Key

15. Birthplace Keyville MO  
(City, town, or county) (State or foreign country)

16. (a) Informant R. P. Fitzwater  
(b) Address Wana mo

17. (a) \_\_\_\_\_ (b) Date thereof 12-23-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelville Cemetery

18. (a) Signature of funeral director R. Jones

(b) Address Shelville MO

19. (a) 1-12-1945 (b) G. N. Schuredin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford MO  
(c) City or town near Shelville in Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21<sup>th</sup>  
year 1944 hour 4 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mo. p. 10  
see in attendance 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Flash Spasm  
History of attacks of  
Angina Pectoris  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 R. P. Jones (M. D. \_\_\_\_\_)  
Address Shelville Mo Date signed 1-11-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

800

1/2  
RECEIVED

District Health Officer No. 5

District File Number

245118

Date Filed

2-23-45

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 *L. J. Jones*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: *L. J. Jones*

Licensed Embalmer No. *2379*

P. O. Address *Steelville 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.