

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 9 1945  
Registration District No. 25

Primary Registration District No. 3010

Registrar's No. 139

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:  
934 North Spanish Street  
(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 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 934 North Spanish Street  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Claud E. Fitzgerald

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-05-6457

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Myrtle McClard

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 26th 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Reynolds Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Employed at International

11. Industry or business Shoe Factory

12. Name Don't Know

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Viola Fitzgerald

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 5-13-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iona Cemetery

18. (a) Signature of funeral director L. I. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 5-15-45 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1945 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 18, 1945 to May 11, 1945, that I last saw him alive on May 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia, acute

Due to Syphilis Unknown

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 309

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 F. H. Phelps (M. D. or other) MD

Address 191 N. 11th St. Cape Girardeau, Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4

District File Number 645-686

Date Filed 6-6-45

SEP 18 1945

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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 Howard B. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

**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.**