

FILED AUG 14 1945

Registration District No. _____

Primary Registration District No. 5426

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Central & Pacific
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Boles Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. R.R. No. 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James J. Fitzgerald

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1945 hour 9 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Fitzgerald 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: April 23 1858
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years 87 Months 3 Days 11 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

11. Industry or business own farm

12. Name William Fitzgerald

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

14. Maiden name unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 940

16. (a) Informant Fitzgerald

(b) Address same as above

17. (a) Burial (b) Date thereof 7/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific 370

18. (a) Signature of funeral director J. P. Shields

(b) Address Pacific 370

19. (a) July 5 1945 (b) Charles E. Pipher
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature E. F. Ottman 3 coroner
(M.D. or other)

Address same as above Date signed 7/4/1945

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

6
0
0

1114

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-13-45

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Geo. L. Shuebs

Licensed Embalmer No. 3008

P. O. Address Pacific 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.