

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10315

FILED APR 8 1947
Registration District No. 1078

Primary Registration District No. 3054

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution:
Polk Co. Hosp. - Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb-32

(c) City or town Mayville 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

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

3. (b) If veteran, name war World War II

3. (c) Social Security No. 499-30-0009

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour _____ minute 1:50 M.

21. I hereby certify that I attended the deceased from 3-9-47 19____ to 3-9-47 19____
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Betty

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

7. Birth date of deceased April 4, 1925
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction
Coal dust fracture

Due to Car accident

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>-</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Helper Barber shop

Major findings: None 1700's

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {

12. Name Burt Fitzgerald

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

14. Maiden name Olive Daniels

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

16. (a) Informant Olive Fitzgerald

(b) Address Mayville Mo

17. (a) removal (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayville Mo

18. (a) Signature of funeral director Clifton Muller

(b) Address Elsherry, Mo

19. (a) 3/9/47 (b) Fernie Collier
(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) Accident

(b) Date of occurrence 3-9-47

(c) Where did injury occur Elsherry, Lincoln Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Road

While at _____ (Specify type of place)

(e) Means of injury _____

23. Signature James D. Fitzgerald (M. D. or other)
Address Harrison Mo Date signed 3-9-47

374 (Licensed Embalmer's Statement on Reverse Side) Call with other in...

APR 28 1947
MAY 9 1947
MAY 26 1947
OCT 10 1947
APR 30 1947

JUL 13 1948

OCT 8 1948

FEB 13 1953

RECEIVED
District Health Officer No. 10
District File Number 4-47-6218
Date Filed APR - 5 1947

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 Mar. 2-1947

....., Registered Apprentice No.
working under my personal supervision.

Signed Clifton Miller
Licensed Embalmer No. 3364
P. O. Address Elsberry, Md

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.