

No. 2
-12-45
-17-39
X47070

FILED DEC 26 1947
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 5252

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2-38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Kansas City "Rural" 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2621 West 49 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 20
If yes, name country _____

3. (a) PRINTED FULL NAME Mr. Richard A. Fitzgerald

3. (b) If veteran, name war None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
Pathologist
that I last saw him _____ alive on _____, 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 _____

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if Deceased
alive _____ years

7. Birth date of deceased August 27 1865
(Month) (Day) (Year)

Immediate cause of death Circulatory Failure
Perforated Duodenal Ulcer

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy See Above

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>15</u>	_____ hr. _____ min.

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Farmer-5 yrs.

11. Industry or business Self

12. Name Richard Fitzgerald

13. Birthplace No Record Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Collins

15. Birthplace No Record Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Fitzgerald

(b) Address 2621 West 49 St.

17. (a) Burial (b) Date thereof 12/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wea Cem. Kansas

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 12-13-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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)

(a) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) _____
Address 2800 Main Date 12/12/47

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

MOTHER FATHER

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

Jimmy S. Hucksch

Licensed Embalmer No. *4092*

P. O. Address

Mission, Hawaii

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.