

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Rural Near Aullville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: (Carp-Davis - /...)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community All his life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Rural Aullville 54
(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 Squire Jefferson Fitzgerald
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 11 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 7 year 1948 hour 1 minute 00 A.M.
 21. I hereby certify that I attended the deceased from May 6, 1948 to May 7, 1948 and that death occurred on the date and hour stated above.
 that I last saw him live on May 6, 1948

8. AGE: Years 83 Months 9 Days 26
 If less than one day _____ hr. _____ min.

Immediate cause of death Asphyxia Sudden
 Due to Apoplexy 7 yrs.

9. Birthplace Aullville, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 MOTHER FATHER { 12. Name Squire Jefferson Fitzgerald
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Cornelle Harrison
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
SJW

16. (a) Informant Owen Fitzgerald
 (b) Address Higginsville, Mo.
 17. (a) Burial (b) Date thereof 5/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Higginsville City Cem

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? _____

18. (a) Signature of funeral director M. W. Hodder
 (b) Address Higginsville, Mo.
 19. (a) May 10-48 (b) Clayton W. Landrum
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
 While at work? _____ (c) Means of injury 0
 23. Signature E. M. Morris (M. D., coroner)
 Address Higginsville, Mo. Date signed 7-8-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-18-48

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

Robert Rieckhoff

Licensed Embalmer No. 4284

P.O. Address Higginville, 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.