

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33817
4314

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			c. LENGTH OF STAY (In this place) 50 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			82 9
d. FULL NAME OF HOSPITAL OR INSTITUTION 6150 HOLMES STREET				d. STREET ADDRESS (If rural, give location) 6150 HOLMES STREET			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle)		c. (Last) FITZGERALD		4. DATE OF DEATH (Month) (Day) (Year) 10 9 49	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-25-1863		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED--LOCOMOTIVE ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BLOOMINGTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN FITZGERALD		13b. MOTHER'S MAIDEN NAME MARY O'BRIEN		14. NAME OF HUSBAND OR WIFE KATHERINE FITZGERALD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS KATHLEEN FITZGERALD		ADDRESS 6150 HOLMES	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage-2 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH:	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 331k					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan - 1978</u> , to <u>10-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-8</u> , 19 <u>49</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE E. M. OSGOOD, M. D. (Physician's title) 015 Professional 2-11-49				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 10-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-11-49	24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY KANSAS CITY, MO.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 10-10-49		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Small Co.		ADDRESS 3256 BROADWAY	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

G.M. OSGOOD, M.D.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John W. Laybourne*

Licensed Embalmer No. *1715*

P. O. Address *Kansas City, 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.