

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6249
Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH
 (a) County Clay Registration District No. 197
 (b) Township Callatin Primary Registration District No. 5276A Registered No. _____
 (c) City North Kansas City, Mo. (d) Street No. 1017 East 22nd (home) _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Patrick Fitzsimons
 (a) Residence, No. 1017 E. 22nd St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Stuart Fitzsimons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>62</u>	<u>7</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. U.S. Gypsum Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Chicago, Ill
 (STATE OR COUNTRY)

FATHER 13. NAME William Fitzsimons

14. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

17. INFORMANT Dorothy Leonard
 (ADDRESS) North Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Jan 10, 1939

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
 (ADDRESS) North Kansas City, Missouri

20. FILED Mar. 1, 1939 Viola C. Meyer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939, to Jan 8 1939
 I last saw him alive on Jan 8 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Alcoholism
Acute Gastro-Enteritis
 Date of onset 1/6/39
12-21-39

Other contributory causes of importance:
Chronic Alcoholism

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harry R. Stearns, M. D.
177 (Address) North Kansas City, Mo.

Per S.M.C. Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/13/34

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,

Personal

....., or by

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

Signed *Harold L. Ross*

Licensed Embalmer No. *3605*

P. O. Address *North Hill*

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, above space should be left blank.