

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

IC-9 5-17-39 U.S. 1 X19511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1939
OCT 27 316

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32410
Registrar's No. 704

Registration District No. 316

Primary Registration District No. 2001

1. PLACE OF DEATH: GREENE.
(a) County: GREENE
(b) City or town: SPRINGFIELD
(c) Name of hospital or institution: BURGE HOSP
(d) Length of stay: In hospital or institution: Springfield, Mo.
In this community: Springfield, Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(d) Street No.: 512 W Commercial
(e) If foreign born, how long in U. S. A.:

3. (a) PRINT FULL NAME: WM. WOOD FITCH 320

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, or married again: married

6. (b) Name of husband or wife: ALICE FITCH 6. (c) Age of husband or wife if alive, years: 1864

7. Birth date of deceased: Oct 23- 1864 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 22 If less than one day hr. min.

9. Birthplace: Tenn (City, town, or county) (State or foreign country)

10. Usual occupation: Retired R. R. Engineer

11. Industry or business: R. R. Engineer

12. Name: George Fitch 18. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's name and signature: Orah Burnett (b) Address: Little Rock Ark

17. (a) Burial (b) Date thereof: Sept 12, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Danforth Cemetery

18. (a) Signature of funeral director: J. W. Dingler & Co. (b) Address: Springfield, Mo.

19. Date received local registrar: Sept 16, 1939 (Registrar's signature): Chas. A. Beardsley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 15th day 15th year 1939 hour 15:05 minute p. M.

21. I hereby certify that I attended the deceased from July 30, 1939, to Sept 15, 1939, that I last saw him alive on Sept 15, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, Arterial Hypertension

Due to:

Due to:

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

Major findings: Of operations

Of autopsy

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? While at work? (Specify type of place) (e) Means of injury

25. Signature: J. W. Dingler & Co. (M. D. or other): M.D. Address: Springfield, Mo. Date signed: 9/16/39

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.....

J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address.....

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.

X