

DEC 11 1939

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4500

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution:
2641 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank L. Fitzgerald
326
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Fitzgerald
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept. 12, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business 0

MOTHER FATHER
12. Name Isaac Fitzgerald
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia McGill
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. R.A. Stephenson

(b) Address Dallas, Texas

17. (a) Burial (b) Date thereof Nov. 29 - 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address K.C. Mo.

19. (a) Nov. 27, 1939 (b) M.M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2641 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 5th, 1939, to Nov 25, 1939;
that I last saw him alive on Nov. 24, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration few hours

Due to Arterial Hypertension
+ Arteriosclerosis
many years.

Due to gout
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations: ✓
Of autopsy: ✓
Underline the cause to which death should be charged statistically.

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? 1 (Specify type of place) (e) Means of injury _____

23. Signature F.A. Wilkinson (M. D. or other) M.D.
Address 1123 Grand Ave Date signed 11/27/39

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

Rev. 5-17-39
1-11-39

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. H. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *K. C. 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, above space should be left blank.