

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

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6238

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 4

1. PLACE OF DEATH

- (a) County Cass
(b) City or town Beeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community life
years, months or days 226)

3. (a) PRINT FULL NAME MAUD BELLE FITZGERALD

8. (b) If veteran, ✓ name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm F Fitzgerald 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April 11 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Cass Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

- MOTHER FATHER { 12. Name Elisha Kcey
13. Birthplace Jackson Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Wilson
15. Birthplace Cass Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bryan Fitzgerald
(b) Address Harrisonville, Mo.

17. (a) Burial (b) Date thereof Feb 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cem., Beeton, Mo.

18. (a) Signature of funeral director R. H. Geary & Sons
(b) Address Beeton, Mo.

19. (a) Feb 10 - 30 (b) R M Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass
(c) City or town Beeton
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1940 hour 2 minute 20

21. I hereby certify that I attended the deceased from Mar 13, 1939 to Feb 7, 1940
that I last saw her alive on Feb 6th and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 1 yr

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 92 lb

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

23. Signature R M Miller (M. D. or other) 100
Address Beeton Mo Date signed 3/9/40

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 _____

Licensed Embalmer No. _____

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.