

2
10-39
-39
K21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21241

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 646

1. PLACE OF DEATH: 1

(a) County Buchanan

(b) City or town St Joseph Mo.

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four Days.
In this community 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Hemple Mo R.R. #
(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.? 64 years.

3. (a) PRINT FULL NAME Cornelius Patrick Fitzgerald

(b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 10th. 1940.
year _____ hour 6:05 P.M. minute 05 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Jan 7 1940 to June 10 1940
that I last saw him im alive on Jan 10 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Elizabeth Fitzgerald

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 26th. 1876.
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis

Duration unknown

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>14</u>	hr. _____ min.

Due to Arteriosclerosis

Due to _____

9. Birthplace New Holland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Other conditions 9410
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Fitzgerald

18. Birthplace Ireland

14. Maiden name Mary Ann Fitzsimmons

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Elizabeth Fitzgerald

(b) Address Hemple Mo. R R #

17. (a) Burial (b) Date thereof June 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation St Joseph Cem. Easton Mo.

18. (a) Signature of funeral director Thomas J. Schuchman

(b) Address 1802 Union St. St Joseph Mo.

19. (a) June 11-1940 (b) H. J. Schuchman
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

(Specify type of place) _____

While at work _____ (e) Means of Injury _____

23. Signature John J. [unclear] (M. D. or other) _____

Address Dr. [unclear] Date signed 6-11-40

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

*By me
Embry Body*

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 my-self

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

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

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.