

Registration District No. 460

Primary Registration District No. 5624-A

Registrar's No. 49

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town RURAL DAYN TWP  
(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) 20

(d) Length of stay: In hospital or institution. (Specify whether

In this community 30 years. years, months or days)

8. (a) PRINT FULL NAME LOUISA L. FITZGEREL

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 MARRIED

6. (b) Name of husband or wife S. J. FITZGEREL 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased DEC 15 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>6</u>	hr. min.

9. Birthplace SHELBY COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business 1

12. Name W. L. TAYLOR 1

13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

14. Maiden name LIZ A WILLIAMS

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

16. (a) Informant S. J. FITZGEREL

(b) Address ALLVILLE MO

17. (a) RURAL (b) Date thereof OCT 23 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY HOBBSVILLE MO

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) OCT. 24-40 (b) T. J. Webb (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town RURAL DAYN TWP (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 OCT day 21 year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from July 1940 to OCT 21/25 1940 that I last saw her alive on OCT 19 and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Duration 2 days

Carcinoma Breast (Primary) 2 yrs.  
Metastatic Carcinoma Lung

Due to Fracture Humerus Middle 1/3 10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN

Of autopsy None 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 NO.

(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? 113 (Specify type of place) (e) Means of injury

23. Signature E. M. Webb (M. D. or other)

Address Hobbsville Mo Date signed 10/22/40

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

MOTHER FATHER

1948  
199

RECEIVED  
District Health Officer No. 8,  
Index & File Number 11-4-40  
Dr. Filed

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.....

*me*....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. S. James*.....

Licensed Embalmer No. *2058*

P. O. Address *Concordia 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35-682**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **460**

Primary Registration District No. **3624A**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **Lafayette**  
 (b) City or town **David T. Co.**  
(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 \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME:** **Louisa L. Fitzgérald**  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex:** **7** **5. Color of race:** **W**  
**6. (a) Single, widowed, married, divorced:** **W**  
**6. (b) Name of husband or wife:** \_\_\_\_\_  
**6. (c) Age of husband, or wife, if alive:** \_\_\_\_\_ years

**7. Birth date of deceased:** \_\_\_\_\_  
(Month) (Day) (Year)

**8. AGE:**  
 Years: **64** Months: **10** Days: **6**  
 If less than one day \_\_\_\_\_ min.

**9. Birthplace:** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** \_\_\_\_\_

**11. Industry or business:** \_\_\_\_\_

**12. Name:** \_\_\_\_\_

**13. Birthplace:** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name:** \_\_\_\_\_

**15. Birthplace:** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** \_\_\_\_\_

**(b) Address:** \_\_\_\_\_

**17. (a) \_\_\_\_\_ (b) Date thereof:** \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** \_\_\_\_\_

**18. (a) Signature of funeral director:** \_\_\_\_\_

**(b) Address:** \_\_\_\_\_

**19. (a) \_\_\_\_\_ (b) \_\_\_\_\_**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
(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.

**20. DATE OF DEATH:** Month **Oct** day **21**  
 year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from:** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia**  
**Carcinoma Breast (primary)**  
 Due to: **metastatic Carcinoma**

Dyspnea  
**lung**  
 Other conditions: **Fract. Humerus**  
(Include pregnancy within 3 months of death)  
**middle 1/3**

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**1864**

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify):** **No - Carcinoma**

**(b) Date of occurrence:** **Oct 12 - 1940**

**(c) Where did injury occur?:** **Fitzgérald, Lafayette, Mo.**  
(City or town) (County) (State)

**(d) Did injury occur in or about home, or farm, in industrial place, or in public place?**  
**Home - Pt. fell out of Bed + broke ARM**  
(Specify type of place)  
 While at work? **no** **(c) Means of injury: Fall**

**23. Signature:** **Louisa L. Fitzgérald** (M. D. or other) **M.D.**

**Address:** **Fitzgérald, Mo.** **Date signed:** **12-12-40**

SUPPLEMENTAL

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

MOTHER FATHER

