S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registrar's District No. 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5327

State File No.

Primary Registration District No. 1002

Registrar's No. 963

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Hour
In this community (Specify whether years, months or days): 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No.: 3002 Forest 3
(If rural, give location) 8
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME: JAMES FITZGERALD
3. (b) If veteran, name war: no
3. (c) Social Security No.: 496-03-1848
4. Sex: M 3
5. Color or race: W 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Fitzgerald
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: June (Month) 9 (Day) 1901 (Year)
8. AGE: Years 40 | Months 8 | Days 23 | If less than one day ___ hr. ___ min.
9. Birthplace: Nebraska (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Doctor
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Emma Fitzgerald
(b) Address: 3002 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill
18. (a) Signature of funeral director: H. Thgeiman & Son
(b) Address: K.C. Mo.
19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 3-2-42 year ___ hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from Jan 1 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: Subdural & subarachnoid cerebral
Due to: hemorrhage
Due to: Fracture of the skull
Due to: Auto traumatism
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN — 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): Accident
(b) Date of occurrence: 3-2-42
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian struck by auto
(Specify type of place)
While at work? ___ Means of injury ___
23. Signature: [illegible] (M. D. or other)
Address: K.C. Mo. Date signed ___

361 (Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Pegram

Licensed Embalmer No. 2744

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, fact should be so stated above.