

FILED JUN 18 1942
Registration District No. _____

Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Sidewalk between 2nd & 3rd on Jule
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Stl Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 North 22nd (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Oliver Fitzjohn
(b) If veteran, name war no
(c) Social Security No. 491-09-063

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18 year 1942 hour 10 minute 45A. M.
21. I hereby certify that I attended the deceased from May 18 1942 to _____ 19____;
that I last saw him lived alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 15 1878
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 day
Due to Chronic Angina Pectoris 3 yrs
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>3</u>	hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Man died suddenly without prophylatory warning or illness
Of autopsy no

9. Birthplace Pittsfield Ill. 1
(City, town, or county) (State or foreign country)

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? 5

10. Usual occupation Tinner

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Wyeth Hardware Co

12. Name John Fitzjohn

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Susan Oliver

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Fitzjohn
(b) Address 1105 North 2nd

17. (a) Bural (b) Date thereof May 20 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleemant for Inc.
(b) Address 1946 Calhoun

19. (a) 5-20-42 (b) Rose Hezog
(Date received local registrar) (Registrar's signature)

23. Signature H F Munday (M. D. or other) Coroner
Address 404 So 3d Date signed 5/18/41

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.....

May 18, 1942

....., Registered Apprentice No.

working under my personal supervision.

Signed

John H. Buckley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph 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.