S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24895
State File No.

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. N 101

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hr (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway 74
(c) City or town Conception Jct Mo O
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME MARY W. FITZSIMMONS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F-1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 30 (Day) 1878 (Year)

8. AGE: Years 63 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Klaasville Md 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Frank Berg
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Klaas
15. Birthplace Klaasville Md 1 (City, town, or county) (State or foreign country)
16. (a) Informant Ann Malone
(b) Address 3421 Gifferson KC MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 13 (Day) 1942 (Year)
(c) Place: burial or cremation Vernon ~~Conception~~ Mo
18. (a) Signature of funeral director Proctor Phillips
(b) Address Conception Jct Mo
19. (a) July 12, 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 42 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from 7-9-42 ~~7-10-42~~ to 7-10, 1942 that I last saw her alive on July 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Enteritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 120 a	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
While at work? (e) Means of injury D
23. Signature J. M. Boyles (M. D. ~~or other~~)
Address Conception Junct Date signed 7-11-42

1268

(Licensed Embalmer's Statement on Reverse Side)

101

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 Eaton Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.