

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3347

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2836 Jarboe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 63 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2836 Jarboe
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES MICHAEL FITZGERALD

3. (b) If veteran, name war no 3. (c) Social Security No. 702-12-6975

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nellie Fitzgerald 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 28 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 11 hr. min.

9. Birthplace Hamilton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Baggage man

11. Industry or business

MOTHER FATHER
12. Name Robert Fitzgerald
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Fitzgerald
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Cecilia Fitzgerald
(b) Address 2836 Jarboe

17. (a) Burial (b) Date thereof 9-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Durk & Tabin Co
(b) Address 20 West Linwood

19. (a) 9-10-42 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th
year 1942 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1939
to 1942
that I last saw him alive on Sep 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Duration 6 mo

Due to undetermined

Due to chronic myocarditis 18 mo

Other conditions 124B'
(Include pregnancy within 3 months of death)

Major findings: 124B'
Of operations

Of autopsy None

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.....

23. Signature Leo A. O'Brien (M. D. or other) M.D.
Address 814 Porter Bldg K.P. Mo Date signed 9-10-42

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

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 *Jack W. Laybourne*
Licensed Embalmer No. *1715*

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, fact should be so stated above.