

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 7 1943

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. _____

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

7
2
0

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 57

(a) State Missouri (b) County LINCOLN 2

(c) City or town TROY.
(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.

3. (a) PRINT FULL NAME ELLA FITZSIMMONS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married 2 divorced WIDOWED

6. (b) Name of husband or wife I. J. FITZSIMMONS

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JUNE 9 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>14</u>	hr. min.

9. Birthplace MACON Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER FATHER

12. Name WILLIAM HALL

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

14. Maiden name SUSAN HALL

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

16. (a) Informant Mrs. Roy Freeman

(b) Address Troy, Mo.

17. (a) Burial (b) Date thereof JULY 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERSIDE Cem. Hannibal

18. (a) Signature of funeral director Kemp Funeral Home

(b) Address Troy, Mo.

19. (a) July 26/43 (b) Mrs. Fay Jackson
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from July 17—July 23, 1943
and that death occurred on the date and hour stated above.

that I last saw her alive on July 23, 1943

Immediate cause of death Cerebral apoplexy

Due to Arterio-sclerosis

Due to Senility

Other conditions 1/2 a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. H. Hirsch (M. D. or other) MD

Address Troy, Mo. Date signed 7/26/43

Duration 6 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1186

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.....

Joseph J. Marsh

Licensed Embalmer No.....

3932

P. O. Address.....

Day, 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.