

No. 2
A-2-43
6-17-39
11-13-97

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27707

SEP 11 1943
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 964

1. PLACE OF DEATH: **Buchanan**
 (a) County **St. Joseph**
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
824 Prospect Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martha Ann FitzJohn**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **female**
 5. Color **white**
 6. (a) Single, widowed, divorced, or remarried **single**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **21** years
 7. Birth date of deceased: **April 21 1869**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **22**
 If less than one day hr. min.

9. Birthplace **Cambridge England**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

12. Name **John FitzJohn**

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

14. Maiden name **Sussan Oliver**

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

16. (a) Informant **Mrs Val Atkinson**
 (b) Address **1105 No. 22nd St., St. Joseph, Mo**

17. (a) **Burial** (Burial, cremation, or removal)
 (b) Date thereof: **8-14-1943**
 (Month) (Day) (Year)

(c). Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
 (b) Address **13th. & Paragon St., St. Joseph, Mo.**

19. (a) **8-14-43** (Date received local registrar)
 (b) **Rose Herzog** (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13th.**
 year **1943** hour **5:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 2,**
 19**43** to **August 13,** 19**43**;
 that I last saw her alive on **August 12,** 19**43**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral haemorrhage (apoplexy)** Duration

Due to **Arterio Sclerosis**

Due to **Advance in age**

Other conditions **830**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **no 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) _____

(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. M. Dunsmon** (M. D. or other)

Address **St. Joseph, Mo** Date signed **Aug 13/43**

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 *Albert E. Harrington*

Licensed Embalmer No. **3258 Missouri**

P. O. Address **St. Joseph, Missouri**

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.