

FILED OCT 13 1943
Registration District No. **1943**

Primary Registration District No. **1000**

Registrar's No. **1079**

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:
3109 Lafayette St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **84 Years** (Specify whether years, months or days)

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. **3109 Lafayette St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Sarah Elizabeth Fitzgerald**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **James Fitzgerald** 6. (c) Age of husband or wife if alive **15, 1859** years

7. Birth date of deceased **January 15, 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	7	hr. min.

9. Birthplace **Warren Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {

12. Name **William Ellis**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Kethercide**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Everett Sipes**

(b) Address **3109 Lafayette St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-24-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt Auburn Cemetery**

18. (a) Signature of funeral director **Fleeman & Son Inc.**
(b) Address **St Joseph, Missouri.**

19. (a) **9/24/43** (Date received local registrar) (b) **Rose Henry** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**
year **1943** hour **6** minute **45 A** M.

21. I hereby certify that I attended the deceased from **May 3** 1943 to **Sept. 22** 1943
that I last saw her alive on **Sept 22** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Senility

Due to **93d**

Other conditions (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) Means of injury

23. Signature **Rose Henry** (M. D. or other) **D.O.**
Address **873 Farwell** Date signed **9-27-43**

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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~~.....
.....
working under my personal supervision.

Signed.....

Robert H. Yapple

Licensed Embalmer No.

3308

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.