

S. No. 2
M-2-43
5-17-39
X39957

11055

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 13 1944

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 229

1. PLACE OF DEATH:

(a) County... Grundy

(b) City or town... IRENDA

(c) Name of hospital or institution: 603 Linn St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 9 months in community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Irenda
(If outside city or town limits, write "RURAL")

(d) Street No. 603 Linn St
(If rural, give location)

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

3. (a) PRINT FULL NAME ELLA MARIA Fitch

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 6
year 1944 hour 8:05 minute 8 M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Chas Edgan Fitch

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

7. Birth date of deceased: Nov 17 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10 1944 to Mar 6th 1944
that I last saw her alive on Mar 6th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 3 Days 19
If less than one day _____ hr. _____ min.

ImmEDIATE CAUSE OF DEATH: Cerebro-Spinal Meningitis 2 days
Due to Suppurating middle ear 23 days
+ mastoid
Due to Influenza 75 days
Other conditions (include pregnancy within 3 months of death) General Debility.

9. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

Major findings: General Debility.

Of operations _____

Of autopsy 6

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER

12. Name Edwin R. WYNNE

13. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Marie Bond

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

16. (a) Informant Carl L. Fitch

(b) Address Irenda, Mo.

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? _____

17. (a) burial (b) Date thereof 3-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgemoor Edenburg

18. (a) Signature of funeral director Raymond Adams

(b) Address Irenda, Mo.

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

23. Signature W. B. Brooks (M. D. or other) _____
Address Irenda, Mo. Date signed 3-9-44

19. (a) 3-11-44 (b) J. S. Roberts
(Date received local registrar) (Registrar's signature)

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.....

Myself..... Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Davis*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Quenton, 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.