

FILED SEP 28 1944

State File No. _____

Registration District No. 52A

Primary Registration District No. 1520

Registrar's No. 945

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days 0
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb

(c) City or town Weatherby 32
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME EFFIE ADALINE FITZGERALD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife James Fitzgerald

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 30 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Alfredson Coulter

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

14. Maiden name Barrett Honey

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

16. (a) Informant Maud A. Lee Ka

(b) Address Weatherby, Missouri

17. (a) Burial (b) Date thereof 9 30-44
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riggs Cemetery

18. (a) Signature of funeral director Mrs. Kate Stray

(b) Address W. Main Mo.

19. (a) 9/27/44 (b) J. E. G. Goble
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1944 hour 5 minute 20 AM.

21. I hereby certify that I attended the deceased from Sept 21, 1944, to Sept 27, 1944
that I last saw her alive on Sept 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic, Arteriosclerosis, general

Due to _____

Due to _____

Other conditions Arthritis Deformans
(Include pregnancy within 3 months of death) yes.

Major findings: Of operations none

Of autopsy none

Duration

3 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature E. M. Shores (M. D. or other) MD

Address 317 W. Main St. Bldg Date signed 9-27-44

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 _____

DA Moore

Licensed Embalmer No. _____

1180

P. O. Address _____

Cameron, 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.