

FILED NOV 10 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 E. Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 407 E. Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucinda Fitzgerald

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Fitzgerald
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased May 30 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Smith
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Duncan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Barger
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 10/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Kirksville, Mo.

19. (a) 10-30-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1944 hour 1:20 minute P: M.

21. I hereby certify that I attended the deceased from October 15
1942 to October 18, 1944
that I last saw h. er alive on October 18 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration 3 hrs.
Due to Rheumatic Heart Disease 50 yrs.
Due to Chronic Cholecystitis 20 yrs.
Acute gallbladder colic 4 days.
Imped Arthritis 30 yrs.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy [Signature]
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?

(Specify type of place)
While at work? (e) Means of injury 2
23. Signature [Signature] (M. D. or other) DO
Address Kirksville, Mo. Date signed 10-28-44

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1815

Date Filed NOV 7 1944

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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Rockville 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.