S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34442
State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 491

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224½ Main Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL") 5
(d) Street No. 224½ Main Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Fitzer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 21, 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) California (State or foreign country)
10. Usual occupation mill wright
11. Industry or business
FATHER
12. Name James H. Fitzer
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Mary Stapleton
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1
16. (a) Informant Carl Fitzer
(b) Address 205 N. Maple, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 10-13-44 (Date received local registrar) (b) Gertrude Dudhoeffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1944 hour about midnight M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Did not see him alive 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart failure — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings: Of 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)
(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 3
23. Signature R. A. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Oct 13, '44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-10-841

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.