

S. No. 2
M-5-43
5-17-39
I X36571

FILED APR 10 1946

Registration District No. Primary Registration District No. 5500 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County 7 Harrison
(b) City or town Rural Union Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Rural Union Twp
(d) Street No. Union Twp
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary S. Fitzgoulds
3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3 year 1946 hour 4 minute 55 AM.
21. I hereby certify that I attended the deceased from 1940 to March 3 1946 that I last saw her alive on March 2 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Asthma Duration years

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug 15 1867 (Month) (Day) (Year)

Due to Had just had Bronchial pneumonia, was weakened.
Due to —
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

8. AGE: Years 78 Months 5 Days 18 If less than one day — hr. — min.
9. Birthplace Harrison County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework

PHYSICIAN —
Underline the cause to which death should be charged statistically.
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MOTHER FATHER {
11. Industry or business —
12. Name Jimmie Pilburn
13. Birthplace Pa (City, town, or county) (State or foreign country)
14. Maiden name Sarah Snipes
15. Birthplace Pa (City, town, or county) (State or foreign country)
16. (a) Informant Rural Fitzgoulds
(b) Address Bethany Mo
17. (a) Rural (b) Date thereof March 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lodgson Cemetery
18. (a) Signature of funeral director Joe E Wheeler
(b) Address Bethany Mo
19. (a) 4-6-46 (b) Chas Odaw (Date received local registrar) (Registrar's signature)

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 —
23. Signature L M Oupst (M. D. or other) Dr.
Address Bethany Mo Date signed March 7/46

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..... *Joe E. Wheeler*
Licensed Embalmer No. *3512*
P. O. Address *Belknap Md*

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.