

FILED MAR 14 1947

Registration District No. 321

Primary Registration District No. 5812

State File No. _____
Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Middletown (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community 69 yrs 4 mo 15 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Montgomery
 (c) City or town Middletown (Rural)
 (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 Nora Bell Fitzgerald
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb, day 26, 1947
 hour 5 minute 4 A. M.
 21. I hereby certify that I attended the deceased from Jan 10 to Feb 26, 1947
 and that death occurred on the date and hour stated above.
 that I last saw her alive on Feb 10, 1947

4. Sex F 5. Color or race W
 6. (a) Single (b) Married (c) Divorced
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Cerebral Sclerosis
Coronary & mitral
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

7. Birth date of deceased: Oct 11 1877
 (Month) (Day) (Year)

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 69 Months 4 Days 15
 If less than one day _____ hr. _____ min.

9. Birthplace: Middletown MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Housekeeper

MOTHER FATHER
 11. Industry or business _____
 12. Name William H
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Dew
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 16. (a) Informant Rayne Fitzgerald
 (b) Address Middletown Mo
 17. (a) Burial (b) Date thereof Feb 27 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walnut Grove
 18. (a) Signature of funeral director Patricia Huber
 (b) Address Middletown Mo
 19. (a) Feb 27 47 (b) Joe Chapman
 (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) (c) Means of injury _____
 23. Signature A. J. ... (M. D. or other) _____
 Address Middletown Date signed Feb 28 47

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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.....

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.