

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

Office of Vital Statistics
FILED OCT 4 1947

State File No.
Registrar's No. **4014**

Registration District No. **799**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Little Sisters of the Poor** ⁵
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Months**
(Specify whether **5 Months**)

In this community **40 years**
years, months or days

3. (a) PRINT FULL NAME MISS MARY FITZGERALD

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single** ^C

6. (b) Name of husband or wife

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

7. Birth date of deceased **about 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 89 hr. min

9. Birthplace **Ireland** ^H
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **James Fitzgerald**

13. Birthplace **Ireland** ⁴
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **Ireland** ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant **Little Sisters of the Poor**

(b) Address **5331 Highland**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **9/23/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hoge, Kansas**

18. (a) Signature of funeral director **James W. Dobin Co.**

(b) Address **20 West Linwood**

19. (a) **9-22-47** (Date received local registrar)

W. H. Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** ⁴⁸

(c) City or town **Kansas City** ³
(If outside city or town limits, write "RURAL")

(d) Street No. **5331 Highland** ⁸
(If rural, give location) ⁰

(e) Citizen of foreign country? **unknown** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **20th** day **Sept**
year **1947** hour **11:00** minute **P** M.

21. I hereby certify that I attended the deceased from **April**
25th, 19 **47** to **Sept 18th**, 19 **47**

that I last saw h. **u** alive on **Sept 18 1947**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION** <sup>2 Days
Duration</sup>

Due to **CHRONIC MYOCARDITIS** **YEARS**

Due to **SENILITY**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **93d**

Of autopsy **NO**

PHYSICIAN

Underline the cause of 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? ⁰
(Specify type of place)

While at work? **John J. Skemp** (M. D. or other) ^{MD}
(Specify) Means of injury

23. Signature **John J. Skemp** (M. D. or other) ^{MD}
11402 Bryant Alley Address Date signed **9/22/47**

