. No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1948

Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11403

Primary Registration District No. 4017

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Farber
(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 years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain 4

(c) City or town: Farber 6
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) D

If yes, name country ____

3. (a) PRINT FULL NAME: David William Fitzgerald

3. (b) If veteran, name war: No OAA

3. (c) ~~Social Security~~ No. 4-1090

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Elizabeth Fitzgerald

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

7. Birth date of deceased: August 11 (Month) 1871 (Day) (Year)

8. AGE: Years 76 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Tennessee (City, town, or county) / (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Refractory

FATHER
12. Name: William David Fitzgerald
13. Birthplace: Tennessee (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Katherine Dew
15. Birthplace: Pennsylvania (City, town, or county) / (State or foreign country)

16. (a) Informant: Ivors Fitzgerald
(b) Address: 6648 N. Talman, Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Farber, Missouri

18. (a) Signature of funeral director: W. S. Waters
(b) Address: Vandalia, Missouri

19. (a) April 16 1948 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10, 1948, to April 16, 1948, that I last saw him alive on April 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Asthma	Chronic
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	

Major findings:
Of operations: 12
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: O

23. Signature: W. F. McCall (M. D. or other)
Address: Ladoga Date signed: 4-16-48

(Licensed Embalmer's Statement on Reverse Side)

Ino

MAY 21 1948

RECEIVED
District Health Officer No. 10
District File Number 4-48-258
Date Filed APR 26 1948

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.