

No. 300
-10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33834

State File No. _____

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 39

1. PLACE OF DEATH:
 (a) County St. Clair
 (b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Ellet Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Clair 93
 (c) City or town Appleton City
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ClIFFORD Fitch
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Oct day 19
 year 1948 hour 2 minute 45 A.M.

4. Sex male 5. Color or race W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____
 7. Birth date of deceased Oct 13 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 13 Oct, 1948, to 18 Oct, 1948, that I last saw him alive on 18 Oct, 1948, and that death occurred on the date and hour stated above.

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

Immediate cause of death Congenital heart Duration _____

9. Birthplace Appleton City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Baby

Due to _____
 Due to _____
 Other conditions Prenatally
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Elvin Fitch
 13. Birthplace Appleton City Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name ORA HEE PHILPOT
 15. Birthplace Humboldt Neb
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations 157
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elvin Fitch
 (b) Address Appleton City
 17. (a) Burial (b) Date thereof Oct 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Appleton City, Mo
 18. (a) Signature of funeral director [Signature]
 (b) Address Appleton City
 19. (a) Oct 20-48 (b) Mrs. Oles Abrey
(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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) no
 Address Appleton City Date signed 200-48

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

3
10
20

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1245

Date Filed 10-26-48

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. _____

P. O. Address _____

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.