

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7669

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City</u>		c. LENGTH OF STAY (In this place) <u>52 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>None</u> c. (Last) <u>Fitzwater</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 22 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-7-1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Steeleville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Pollard</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Kimberlin</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Arnold Garden City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Starvation</u>			
		DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>543X</u>					
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 19, 1949</u> , to <u>March 20, 1949</u> , that I last saw the deceased alive on <u>March 20, 1949</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank B. Ellis M.D.</u>		23b. ADDRESS <u>511 1/2 Building Garden City, Mo.</u>		23c. DATE SIGNED <u>March 24, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City</u>	
DATE REC'D BY LOCAL REG. <u>March 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Sandra J. Jones</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stittman Bros. Funeral Home Garden City, Mo.</u>	

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

1900

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Bill J. Dickey

Student Embalmer No. 257

working under my personal supervision.

Signed *Bill J. Dickey*.....
Student Embalmer

Signed

Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address *Harrisville*

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.