

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37955

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>409</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>011</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camp Campbell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert E.</u> b. (Middle) <u>Fitzgerald</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 2, 1920</u>		9. AGE (In years if under 1 year last birthday) <u>29</u>	Months <u>2</u>	Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Army</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Muncie Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Rufus E. Fitzgerald</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Galbreath</u>		14. NAME OF HUSBAND OR WIFE <u>June Fitzgerald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give war or dates of service) <u>WW2</u>		16. SOCIAL SECURITY NO. <u>310 14 1167</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. June Fitzgerald Camp Campbell Kentucky</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wounds</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Inquest pending</u>					INTERVAL BETWEEN ONSET AND DEATH <u>89194</u> <u>43</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Place</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/28/49 5:05</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental Shooting 119</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Crawford Smith</u> <u>Coroner</u>				23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>		23c. DATE SIGNED <u>11/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Campbell Kentucky</u>		24d. LOCATION (City, town, or county) (State) <u>Camp Campbell Kentucky</u>		
DATE REC'D BY LOCAL REG. <u>11-29-49</u>		REGISTRAR'S SIGNATURE <u>W. S. M. Lunke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Crawford Smith Hannibal Missouri</u>			

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MAR
DATE

ROBERT E. FITZGERALD

VERDICT OF JURY :

We the jury, find that he came to his death by being accidentally shot by a gun, belonging to himself, while being examined by Charles L. Mueller.

W. Crawford Smith
W. Crawford Smith, Coroner

B. C. Keithly, Foreman

C. G. Hardwick
Paul Street
E. H. Heffmeyer
Henry A. Stolte
Elmer A. Parks

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John S. Ward

Signed _____
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.