

JAN 25 1941 231
Registration District No.

Primary Registration District No. 4141

28

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

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Steelville
(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 34 Years. (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME John Scott Fitzpatrick

3. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Irene Fitzpatrick 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 10 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 13 Days hr. min.
If less than one day

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Professor

11. Industry or business School-Teaching

12. Name William Fitzpatrick

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Kentucky
15. Birthplace Dinsmore
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Fitzpatrick.

(b) Address Steelville, Mo.

17. (a) Burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Thos. J. Shaffer

(b) Address Sullivan, Mo.

19. (a) 1-9-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 1
1940 to Dec 23, 1940

that I last saw him alive on Dec 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Loosen of stomach

Due to.....

Due to..... 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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?

23. Signature R. C. Parker (Specify type of place) (M. D. or other)
While at work? (s) Means of injury.....

Address Steelville, Mo. Date signed 12-23-40

RECEIVED

District Health Officer No. 5,

District File Number

141 99

Date Filed

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Phos. P. Shaffer

Licensed Embalmer No.

2492

P. O. Address

Sullivan 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, above space should be left blank.