FEB 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1177

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3415 Broadway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3415 Broadway 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bernard Thomas Fitzpatrick

3. (b) If veteran, name war No

3. (c) Social Security No. 510-07-3009

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Elizabeth Fitzpatrick

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

7. Birth date of deceased January (Month) 22 (Day) 1888 (Year)

8. AGE: Years 52 Months 11 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Cudahay Packing Co.

FATHER
12. Name Thomas Fitzpatrick
13. Birthplace ____ (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Finn
15. Birthplace ____ (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant's own signature Bernard Fitzpatrick

(b) Address 3415 Broadway, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director F. O'Connell

(b) Address 3256 Broadway, K. C. Mo.

19. (a) Jan 10, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1941 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw ____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration

Acute pulmonary edema

Due to Acute coronary occlusion (left descending)

Due to Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Yes 94a

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? ____ Means of injury 3

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X19511

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.