No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17130

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1792

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: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansa City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2941 Forest Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Patricia Jane FITZGERALD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 20th, 1941 (Month) (Day) (Year)

8. AGE: Years 00 Months 00 Days 14 If less than one day hr. min.

9. Birthplace Kansas City 0 Missouri (City, town, or county) (State or foreign country)
10. Usual occupation /
11. Industry or business /
FATHER
12. Name William E. Fitzgerald
13. Birthplace Chicago, / Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jane Culver
15. Birthplace Shawnee / Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Mother, Mrs. Wm.E.Fitzgerald
(b) Address 2941 Forest Ave., K.C.Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/41. (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee, Kansas
18. (a) Signature of funeral director Mellody McGilley
(b) Address K. C. Mo.
19. (a) May 6 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 th year 1941 hour 11:20 minute P.M. M.
21. I hereby certify that I attended the deceased from May 4th, 1941, to May 4, 1941, that I last saw her alive on May 4, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of Heart	36 hours
Due to: Congenital Heart Disease	15 d
Due to: 15 yr	
Other conditions (Include pregnancy within 3 months of death): 15 yr	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury

23. Signature George W Herrman (M. D. ~~or other~~) 0
Address 1107 Bryant Bldg. Date signed 5/6/41

(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.....

....., Registered Apprentice No. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.