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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24313

Registration District No. 999 | Primary Registration District No. 1002 | Registrar's No. 2852

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3017 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 29 Yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3017 Park Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Lottie FITZPATRICK.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Phillip Fitzpatrick

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

7. Birth date of deceased April 19th, 1869. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	8	hr. min.

9. Birthplace Clinton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Unkown
13. Birthplace Unkown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas C. McLaughlin
(b) Address 3017 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 7-29-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th, year 1941. hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 26, 1941, to July 27, 1941; that I last saw her alive on July 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus — Duration

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E 31st Date signed 7-29-41

(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 Russell France, Registered Apprentice No. 267 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2999

P. O. Address KC

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

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