

LED JUN 4 1943
Registration District No. 185

Primary Registration District No. 5691

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Linn Co.
(b) City or town Brookfield, Mo.
(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.
In this community, _____
years, months or days (Specify whether _____)

8. (a) PRINT FULL NAME Frank Fitzpatrick

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Irene Fitzpatrick 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 24 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Fitzpatrick

13. Birthplace New Haven Conn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lamb

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

(b) Address Laclede Mo.

17. (a) Burial (b) Date thereof May 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael's Cemetery

18. (a) Signature of general director Wm. J. Rowland

(b) Address Brookfield Mo.

19. (a) May 29-43 (b) Mar. Davis Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Brookfield Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jefferson Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from March 13, 1943, to May 28, 1943 that I last saw him alive on May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Due to Acute myocarditis Duration 3 wks.

Due to _____

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

Major findings: Of operations 9504

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 Daniel R. Hunt

Address Laclede, Mo. Date signed 5-29-43

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.

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Homer Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield, W.

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.