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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19277
Registrar's No. 72

FILED JUN 9 1944
Registration District No. 1944

Primary Registration District No. 4499

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

1. PLACE OF DEATH:

(c) County Shelby

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

(c) Name of hospital or institution:
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 64-- 8--9
years, months or days

3. (a) PRINT FULL NAME Luther Fitzpatrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept 20 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 9 hr. _____ min.

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

10. Usual occupation Transfer trucker

11. Industry or business _____

MOTHER FATHER { 12. Name James Fitzpatrick

{ 13. Birthplace Don't know (City, town, or county) (State or foreign country)

{ 14. Maiden name Sallie Coe

{ 15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Bertie Belle Fitzpatrick

(b) Address Shelbina Mo.

17. (a) Burial (b) Date thereof 5-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina MO

18. (a) Signature of funeral director E. Hays

(b) Address Shelbina Mo.

19. June 5, 44 (b) Madge Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 4 minute 9 A.M.

21. I hereby certify that I attended the deceased from March 29, 1944 to May 29, 1944
that I last saw him alive on May 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2d

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 g

23. Signature R. L. Caldwell (M.D. or other) D.O.
Address Shelbina Mo Date signed June 2/44

1095

JUN 9 1944

RECEIVED

District Health Officer No. 10

District File Number 6-44-1044

Date Filed JUN 7 1944

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..... *Hayes*.....

Licensed Embalmer No..... 1437.....

P. O. Address.....

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, fact should be so stated above.