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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12560

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 1375

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

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:
6420 E 16th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 36 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6420 E 16th 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) C
If yes, name country

3. (a) PRINT FULL NAME Mrs. Katherine Louise Fitzpatrick

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

4. Sex female
5. Color or race Wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph B. Fitzpatrick
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased 2 (Month) 28 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --

FATHER
12. Name George A. Robinson
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Angeline Tamisea
15. Birthplace (City, town, or county) New York N Y / (State or foreign country)

16. (a) Informant Joseph B. Fitzpatrick
(b) Address 6420 E 16th
17. (a) Burial, Kans. (Burial, cremation, or removal) (b) Date thereof 3/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Scott, Kans.
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1948 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from Mar 26, 1948 to Mar 28, 1948
that I last saw her alive on Mar 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Infarct	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy no-

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 Chas S Nelson (M. D. or other)
Address 3626 Lindy ave Date signed

(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 Charles E. May field, Registered Apprentice No. 18, working under my personal supervision.

Signed John P. Steel

Licensed Embalmer No. 362 S

P. O. Address Kansas City 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, fact should be so stated above.