

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 398 Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution 1221 So Logan
(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)

In this community Three years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town RR 5 Box 44
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 So. Logan
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Vena E. Fitzpatrick 321

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 Married

6. (b) Name of husband or wife William J. Fitzpatrick

6. (c) Age of husband or wife if alive 56 year

7. Birth date of deceased July 7 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1939 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Oct 7 1939 to Oct 10 1939
that I last saw him alive on Oct 10 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease Duration _____

Due to Diabetes mellitus

Due to X

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

8. AGE: Years Months Days If less than one day

47 2 3 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name A.P. Adkins

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

14. Maiden name Margaret Adkins

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

PHYSICIAN

Major findings: none performed

Of operations none performed

Of autopsy none performed

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature William J. Fitzpatrick

(b) Address Independence, Mo

17. (a) burial (b) Date thereof 10/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 10-13-39 (b) J. S. Cook, M.D.
(Date received local registrar) (Registrar's signature)

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 5

23. Signature Dr. Frank E. Ray (M. D. or other) D.O.

Address 4316 E 9th St. KC Date signed 10-12-39

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.

AUG 19 1950

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.....

Paul Perry

Registered Apprentice No. 199

working under my personal supervision.

Signed *Paul Perry*

Licensed Embalmer No. 2467

P. O. Address *Adamsburg, Md*

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.