No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17105

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1767

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: 6164 Kenwood
(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 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6164 Kenwood. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward FITZPATRICK.

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

4. Sex Male ( )
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 9
6. (b) Name of husband or wife Margaret Fitzpatrick.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 9th, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	25	hr. min.

9. Birthplace Marys County (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Saloon Keeper.

MOTHER FATHER
12. Name Patrich Fitzpatrich.
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Earl E Eichrom.
(b) Address 6164 Kenwood.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.
18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.
19. (a) May 6, 1941 (Date received by local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Nov 6, 1940, 19 to May 4 19 41 that I last saw him alive on May 4 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Sigmoid — Duration 6 months
Due to Colon — 1½
Due to — 1½
Other conditions (Include pregnancy within 3 months of death) — 1½
Major findings: Of operations Colostomy
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John R. Turner (M. D. or other)
Address 4 W 32nd Bryan Bldg Date signed 6/5/41

(Licensed Embalmer's Statement on Reverse Side)

DR. SKINNER
BRYANT BLDG

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. 267

working under my personal supervision.

Signed.....

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 wi the above constitutes grounds for revocation of license.)

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