S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13315

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1918

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:
Little Sisters of the Poor 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 91

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 3629 Freeman Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mollie Fitzpatrick

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ~~Wm~~ William ~~Wm~~

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

7. Birth date of deceased January (Month) 21, (Day) 1864 (Year)

8. AGE: Years 78 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Dont Know (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Richard Murphy
13. Birthplace Dont Know (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Maloney
15. Birthplace Dont Know (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs Ethel Etzler
(b) Address 3629 Freeman KCKs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park KCKs

18. (a) Signature of funeral director Harry Butler
(b) Address 22 South 18th KCKs

19. (a) May 16 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 1 1942, to May 13 1942,
that I last saw her alive on May 11 1942,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	3 days
Due to Bronchial pneumonia	2 weeks
Due to Myocardial decomposition	2-3 MO?
Other conditions (Include pregnancy within 3 months of death) 93E	

Major findings:
Of operations
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 U

23. Signature John T Shuner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 5-15-42

361 (Licensed Embalmer's Statement on Reverse Side) K.C.-MO

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.....

Licensed Embalmer No. 3426 Mo.

P. O. Address Kansas City, Kansas

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.