

S. No. 2
-1-4-41
5-17-39
PI X25370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24250**
Registrar's No. **134**

Gilmore AUG 27 1942
Registration District No. **28842**

Primary Registration District No. **5406**

005
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Rural (Independence)**
(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 **33 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin 35**
(c) City or town **Rural Ind.** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Fitzpatrick**

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 **Willima S. Fitzpatrick** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Oct. 2nd 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmwife**

11. Industry or business _____

12. Name **Francis Blocker**

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

14. Maiden name **Susie Vaughn**

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

16. (a) Informant **William S. Fitzpatrick**

(b) Address **Senath Mo. R# 2**

17. (a) **Burial** (b) Date thereof **July 15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Cemetery**

18. (a) Signature of funeral director **Lentz Service**

(b) Address **Kennett, Mo.**

19. (a) **7-16-42** (b) **George J. Blankenship**
(Date received local registrar) (Registrar's signature)

901 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **1942** hour **11** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Dec 1941** to **July 13 1942**
that I last saw **her** alive on **July 13** and that death occurred on the **13** date and hour stated above.

Immediate cause of death **Carcinomatous 3 mo**
Bladder 2 years
Due to **Carcinoma of bladder 2 years**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **H of**

Major findings: Of operations _____

Of autopsy _____

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 **2**

23. Signature **George J. Blankenship** (M.D. or other)

Address **Senath 2110** Date signed **7-16-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16
RECEIVED

District Health Office No. 2,

District File Number 842-939

Date Filed 8-4-42

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 Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.