

Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 2864

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:
Notre Dame De Sion 3823 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

In this community 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3823 Locust
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY E. FITZPATRICK

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Michael Fitzpatrick

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

7. Birth date of deceased Sept. 23 rd, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Elkton Md.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife (Retired)

11. Industry or business Home

MOTHER FATHER } 12. Name Joseph Brennan

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

14. Maiden name Unknown

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

16. (a) Informant Georgia Fitzpatrick

(b) Address 3430 Gillham, K.C. Mo.

17. (a) Burial (b) Date thereof 7/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylor

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-9-45 (b) Ernestine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 th
year 1945 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5/18/45 to July 8, 1945
that I last saw her alive on 6/26/1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration _____

Due to Chronic Bronchopneumonia

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 1315
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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature David C. Faly (M. D. or other) Address 2300 Holmes St. Date signed 7/9/45

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

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.....

2989
K1

P. O. Address.....

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.