

FILED **APR 3 1946**

Registration District No. **27**

Primary Registration District No. **4202**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Brundy**
(b) City or town **Spickard**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Leri 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 **Married**

6. (b) Name of husband or wife **Ella Fitzpatrick** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 3 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **3** If less than one day hr. _____ min.

9. Birthplace **Brundy Co. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **William Fitzpatrick**

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

14. Maiden name **Surrella Burkey**

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

16. (a) Informant **Ella Fitzpatrick**

(b) Address **Spickard MO**

17. (a) **Burial** (b) Date thereof **Mar-9-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Burial Home Spickard MO**

18. (a) Signature of funeral director **Schooler's Funeral Home**

(b) Address **Spickard MO**

19. (a) **3/9/46** (b) **Mrs. Nathan Cooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Brundy**
(c) City or town **Spickard**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **6**
year **1946** hour **11** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **Feb 20**
6 1946 to **Mar 6 1946**
that I last saw him alive on **Feb 10 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Organic Heart disease**
Due to **Cause of Stroke**

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

Major findings: Of operations **4/6/46**
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 _____

23. Signature **E. W. Ewing** (M. D. or other) _____
Address **Spickard** Date signed **3/10/46**

114

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

8050

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..... *Ross Wise*
Licensed Embalmer No. *3771*
P. O. Address..... *Spickard 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.