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M-8-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12552**

**FILED** APR 22 1946

Registration District No. 07

Primary Registration District No. 5258

Registrar's No. 9

**1. PLACE OF DEATH:**

(a) County CHRISTIAN

(b) City or town RURAL  
(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 HOME  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County CHRISTIAN

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

(d) Street No. South of Fordland  
(If rural, give location) in Benton

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec. day 24 year 1945 hour 8:50 minute 0 A. M.

21. I hereby certify that I attended the deceased from April 15, 1945, to December 24, 1945.  
that I last saw him alive on November 15, 1943.  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race whr

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept- 11- 1855  
(Month) (Day) (Year)

Immediate cause of death Heart Disease

Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>90</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

Due to General Senile debility

Due to \_\_\_\_\_

9. Birthplace MICHIGAN  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Retired Farmer

Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name JAMES FITZPATRICK

13. Birthplace IRELAND  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name ELIZABETH MCCAN

15. Birthplace IRELAND  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations No operations

Of autopsy No autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant MA JOO CARR

(b) Address Fordland, Mo.

17. (a) BURIAL (b) Date thereof 12-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel - C.M. - Steley-Tennel - 7 - Home - Fordland, Mo.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 3-25-1946 (b) Lillie Barr  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury 2

23. Signature L. L. Schults (M. D. or other) DD  
Address Fordland, Mo. Date signed 1/19/46

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

RECEIVED

District Health Officer No. 6;

District File Number 446-502

Date Filed APR 17 1946

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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 J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.