

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

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bismarck
(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 years, months or days)
 In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Alexander Fitzpatrick

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Emma Fitzpatrick 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 5 1853
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Fitzpatrick

(b) Address Bismarck Missouri

17. (a) burial (b) Date thereof 9-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director White & Hill

(b) Address Bismarck Missouri

19. (a) 9-10-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
 (c) City or town Bismarck
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
 year 1946 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 1
2, 1946, to Sept 12, 1946
 that I last saw her alive on 9-12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to apoplexy

Due to emboly

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

Major findings: Of operations §3A
 Of autopsy _____

Duration _____

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 9

23. Signature Das W. Stuffer (M. D. or other) MD
 Address Bismarck Mo Date signed 9/13/46

RECEIVED

District Health Officer No. 4
District File Number 946-2656
Date Filed 9-24-46

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 Archie White
Licensed Embalmer No. 2012
P. O. Address Sanitarium Hill

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.