

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36767**

Registration District No. **134** Primary Registration District No. **5493** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Warren**
(b) City or town **Rural Exhurb Twp**
(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 **all of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Warren**
(c) City or town **Rural**
(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 **Marvin Geo. Fitzpatrick**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **12**
year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 27**
1946 to **Nov 12** 1946
that I last saw him alive on **Nov 12** 1946
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married; divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Manusmus**
Due to **Lack of ability to accumulate food**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months **18** If less than one day _____ hr. _____ min.
9. Birthplace **Bethany Mo**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy **156**
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Alva Fitzpatrick**
13. Birthplace **Warren County Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Madge Dinsmore**
15. Birthplace **Warren County Mo**
(City, town, or county) (State or foreign country)
16. (a) Informant **Alva Fitzpatrick**
(b) Address _____
17. (a) **Burial** (b) Date thereof **Nov 14 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Springer Chapel**
18. (a) Signature of funeral director **J. E. Wheeler**
(b) Address **Bethany Mo**
19. (a) **Nov. 23 46** (b) **D. P. Shaw**
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **C. M. Papp** (or other) _____
Address **Bethany** Date signed **Nov 19 46**

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

35588

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DISTRICT EMBALMERS OFFICE
Cameron, Mo.

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.....^{not}

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address. Putnam 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.