

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5463

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 705 1/2 Broadway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Juanita Glascock Fitzpatrick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1947 hour 5 minute 20 P. M.

4. Sex Female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January 21 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16 to Feb 16 1947
that I last saw her alive on Feb 16 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>0</u>	<u>25</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death Cancer of small Bowels

Due to _____

Due to _____

9. Birthplace Hannibal - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Beauty operator

11. Industry or business Juanita's Beauty Shop

12. Name Benjamin Franklin Glascock

13. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Judy

15. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Walker Fitzpatrick

(b) Address 705 1/2 Broadway, Hannibal, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Almit Cemetery

18. (a) Signature of funeral director Roy P. Schwart

(b) Address 1000 Broadway, Hannibal Mo.

19. (a) 2-21-47 (b) Dr. E M Lucke
(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 [Signature] (M. D. or other) 10

Address Hannibal Mo Date signed _____

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

MOTHER FATHER

Feb-19-47

MAR 20 1947

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 *Paul Richard Brown*.....

Licensed Embalmer No. *4324*.....

P. O. Address *Humboldt, Wis.*.....

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.