No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 179

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31196

Registrar's No. 3893

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 24 days (Specify whether years, months or days)
In this community 78 Years

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 219 Indiana 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John P. Fitzpatrick
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Della Fitzpatrick
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: 3 (Month) 1 (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: Retired Signalman
11. Industry or business: Kansas City Terminal Co.

MOTHER FATHER

12. Name: Jon P. Fitzpatrick
13. Birthplace: (City, town, or county) Ireland (State or foreign country) 4
14. Maiden name: Bridget Flood
15. Birthplace: (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant: Mrs. Della Fitzpatrick
(b) Address: 219 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Marys
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri
19. (a) 9-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1947 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from July 17, 1947 to Sept. 11, 1947; that I last saw him alive on Sept. 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: RBD
Of autopsy: See above

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: Wm. W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed 9-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Johnson

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.