S. 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 JAN 12 1948

Registration District No. 78

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5371

State File No. 41262

Registrar's No. 134

1. PLACE OF DEATH:
(a) County: Daviess
(b) City or town: "Rural" Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Miles North Gallatin, Mo.
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Daviess
(c) City or town: "Rural" Washington Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.: 10 Miles North Gallatin, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Stella Emily Fitzpatrick
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles N. Fitzpatrick
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: March (Month) 13 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	6	..... hr. ..... min.

9. Birthplace: Mercer County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own Home
MOTHER FATHER
12. Name: James F. Moody
13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Mary Elizabeth Shockey
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Chas. N. Fitzpatrick
(b) Address: Jameson, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Spickard Missouri
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Mo.
19. (a) 27 Dec 1947 (Date received local registrar) (b) Virginia M. Engelbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 19 year: 1947 hour: ..... minute: ..... M.
21. I hereby certify that I attended the deceased from Dec. 19, 1947, to Dec. 19, 1947, that I last saw he alive on Dec. 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs.
Due to: Essential Hypertension	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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)
While at work ..... Means of injury .....
23. Signature: Floyd E. Nelson M.D. (or other)
Address: Gallatin, Mo. Date signed: 12-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH 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 R. Lester Brown Registered Apprentice No. 456, working under my personal supervision.

Signed L. O. Rinehart

Licensed Embalmer No. 3301

P. O. Address Hallatin, 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.