

FILED JUL 9 1948

Registration District No. 227

Primary Registration District No. 6145

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Shelbina Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 years, months or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 2 1/2 Miles North of Lentner, Mo. 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Susan Elizabeth Fitzpatrick

3. (b) If veteran, name war None 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive Same years
 7. Birth date of deceased December 21 1851
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 5 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name James Blackford

13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Dodman

15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Mefford

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 6320-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bacon Chapel

18. (a) Signature of funeral director Million & Barkeley

(b) Address Shelbina, Missouri

19. (a) 3-27 (b) Clarence
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
 year 1948 hour 5: minute 45 A.M.

21. I hereby certify that I attended the deceased from June 18 1948 to June 19 1948
 that I last saw him alive on June 18 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 2 1/2 hrs.

Due to.....

Due to.....

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

Major findings: Of operations gfk

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?..... (e) Means of injury.....

23. Signature W. L. Hailan M.D.

Address Clarence, MO Date signed 6-19-48

ANOTHER FATHER

RECEIVED

District Health Officer No. 1

District File Number 7-48-1

Date Filed JUL 7 - 1948

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 James D. Davis
Licensed Embalmer No. 4478
P. O. Address Shelburne, 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.