

FILED SEP 20 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 127

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Garfield (If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME SARA H-FITSPATRICK

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Feb 27, 1877 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 24 If less than one day - hr. - min.

9. Birthplace Harrison County - Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo

17. (a) Removal (b) Date thereof 9-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Mo

18. (a) Signature of funeral director Walter Hume
(b) Address Bethany Mo

19. (a) 9-17-48 (Date received local registrar) (b) Walter Hume (Registrar's signature) 3211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1948 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1948 to Sept 15, 1948 that I last saw her alive on Sept 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic

Due to Heart Disease

Other conditions Senile Dementia (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations 930
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? (a) Means of injury /

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp 3 Date signed Sept 15

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1096

Date Filed 9-18-48

607-11 517 112

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

Mark E. Schuler

Licensed Embalmer No.

2656

P. O. Address

Nevada 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, above space should be left blank.