S. No. 300
M—10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36536
Registrar's No. 4725

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

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: 5504 Harrison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 5
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 5504 Harrison Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Stella FITZPATRICK

3. (b) If veteran, name war: no

3. (c) Social Security No.: 486-07-3753

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November (Month) 20, (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	28	hr. min.

9. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Auditor

11. Industry or business: Bunting Hardware Company

FATHER
12. Name: James W. Fitzpatrick
13. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary I. Dixon
15. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Miss Helen Fitzpatrick
(b) Address: 5504 Harrison St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mallody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 11-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 18
year: 1948 hour: 2 minute: 36 P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1947, to Nov 18, 1948, that I last saw her alive on November 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac and respiratory failure

Due to: Carcinoma of the liver with metastasis to the intestinal tract — Duration: 1 year

Due to:

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

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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):
(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: Kenneth E. Little (M. D. or other)
Address: 3829 Trust Date signed: 11-19-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. K. E. Litler
3829 Troost.

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.