

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40994

State File No.

Registrar's No.

4672

Registration District No.

399

Primary Registration District No.

1002

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:
K. C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME GEORGE F. GILLPATRICK3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Marguerite Gillpatrick 6. (c) Age of husband or wife if alive X years7. Birth date of deceased February 28 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 9 16 hr. min.9. Birthplace Holden Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Laundry Owner12. Name Marcus F. Gillpatrick13. Birthplace Hancock Co. Maine
(City, town, or county) (State or foreign country)14. Maiden name Emma Hale15. Birthplace New York
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Marguerite Gillpatrick(b) Address 6509 Brookside17. (a) Removal (b) Date thereof 12-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Freeman Missouri18. (a) Signature of funeral director Freeman Mortuary(b) Address Kansas City, Missouri19. (a) Dec 16 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6509 Brookside
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 41
hour minute M.21. I hereby certify that George F. Gillpatrick deceased from 11:10 P.
that I last saw him alive on 12-14-41, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Interstitital, subarachnoid, and subdural cerebral hemorrhage
Fracture of the skull
Due to
Asphyxia by fall
DurationDue to Interstitital, subarachnoid, and subdural cerebral hemorrhageDue to Fracture of the skullDue to Asphyxia by fallMajor findings: 1960
Of operations 14Of autopsy 1022. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Do not know(b) Date of occurrence 12-8-41(c) Where did injury occur? K.C. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Yes (Specify type of place) (Specify means of injury)23. Signature William H. Crowe (M. D. or other) 3Address K.C. Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)