

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6153
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 229
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ETTIE JOHNS - FISHER 260
 (a) Residence, No. 1219 Fourth Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF James Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Jan 31 1938 11. Total time (years) spent in this occupation years

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo
 13. NAME Cisna Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Missouri

MOTHER
 15. MAIDEN NAME Martha Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Missouri

17. INFORMANT (ADDRESS) James Fisher St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wal. Auburn Exp. DATE Feb. 23 1938

19. FUNERAL DIRECTOR (ADDRESS) Staway Funeral Home St. Joseph Mo

20. FILED Feb 27 1938 A. J. Westphal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938, to Feb 20, 1938
 I last saw her alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis & Emphysema Date of onset 131-

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) T. L. Darden M. D.
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

down

STATEMENT BY LICENSED EMBALMER

I, John Roy Stamer, Licensed Embalmer No. 2435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Roy Stamer

No. 2435 and John H. Heasley, L. E. Registered Apprentice No. 96

working under my personal supervision.

Signed John Roy Stamer

Licensed Embalmer No. 2435

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.)