No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12728

1940 APR 23 PM 8

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: ~~Nevada~~ Rural Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 9 yr 4 mo. 6 da. (Specify whether years, months or days) 2 3 5

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis

(c) City or town: St. Louis City (If outside city or town limits, write "RURAL")

(d) Street No.: unknown (If rural, give location)

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

3. (a) PRINT FULL NAME: Louis Napoleon Fisette

3. (b) If veteran, name war: unknown

3. (c) Social Security No.: None

4. Sex: Male

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: Nov (Month) 16 (Day) 1881 (Year)

8. AGE: Years 58 Months 3 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: North Brookfield (City, town, or county) Mass. (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: unknown

FATHER
12. Name: Louis Fisette
13. Birthplace: unknown (City, town, or county) Canada? (State or foreign country)

MOTHER
14. Maiden name: Rosalie Lapierre
15. Birthplace: St. Helena (City, town, or county) Canada? (State or foreign country)

16. (a) Informant: Hosp. Records
(b) Address: State Hospital #3 Nevada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Hosp. Cem.

18. (a) Signature of funeral director: Eckinger Funeral Home
(b) Address: Nevada, Mo.

19. (a) Mar 6, 1940 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 5 year: 1940 hour: 4 [redacted] minute: 20 P.M.

21. I hereby certify that I attended the deceased from 1-25, 1939, to 3-5, 1940, that I last saw him alive on 3-5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Epithelioma of Penis with metastases to Pelvis.

Due to:

Due to: 51

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

Major findings: Of operations: none

Of autopsy: None

Duration

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: F. Long M.D. (M. D. or other) 1
Address: State Hosp #3 Nevada Date signed 3-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-40-3750
Date Filed 4-8-40

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 Marsh Eichinger

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.