

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 16 1940
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28027
Registrar's No. 931

Registration District No. _____ Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 years, 3 months, 19 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME EVA FISHER 260
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ben Fisher 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Gardner Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Homework

11. Industry or business _____

MOTHER FATHER { 12. Name Georges Reever
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Wilcox
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Torwa Veck
(b) Address 4508 Franklin Street, Dan

17. (a) Removal (b) Date thereof Aug 23 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Catholic Church

18. (a) Signature of funeral director Wm. C. J. Farrell

(b) Address 915 Broadway N.E. mg

19. (a) Aug 23 1940 (b) Myrtle M. Bush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kanran City
(If outside city or town limits, write "RURAL")
(d) Street No. 3230 Charlotte St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22
year 1940 hour 5:45 minute 9 M.

21. I hereby certify that I attended the deceased from July 1, 1940
to August 22, 1940
that I last saw her alive on August 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon
Duration ?
Due to _____
Due to _____
Other conditions 40
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Carcinoma of colon
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?
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature W. J. O'Neil (M. D. or other) 1
Address St. Joseph Date signed 8-23-1940

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 VM

Registered Apprentice No. _____

working under my personal supervision.

Signed Denzil Browning

Licensed Embalmer No. 2924

P. O. Address 15 C. W. 100

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.