

STANDARD CERTIFICATE OF DEATH

State File No. 17574

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 87

1. PLACE OF DEATH

(a) County Greene
 (b) City or town Excelsior Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sadie Fishman

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex female Color or race W
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife Ruben 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name Joseph Termer
 13. Birthplace Russia (City, town, or county) (State or foreign country)
 14. Maiden name Sarah
 15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Ruben Fishman
 (b) Address Springfield, Ill.

17. (a) Removal (b) Date thereof 5-13-41 (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Claude P. ...
 (b) Address Excelsior Springs, Mo.

19. (a) May 14 - 1941 (Date received local registrar) (b) Mrs. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County 999
 (c) City or town Springfield 11 (If outside city or town limits, write "RURAL")
 (d) Street No. 1621 South 2th st 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 43 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 day 12 year 1941 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from May 12 1941, to May 12 1941; that I last saw her alive on May 12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis (occlusion) (Coronary sclerosis) Duration 15 min
 Due to

Other conditions 74 N (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none 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 Robert W. ... (M. D. or other) Address Excelsior Springs, Mo. Date signed May 12 1941

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

RECEIVED
District Health Officer No. 8,
District File Number
~~6-12-41~~
Date Filed

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 *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Excelsior Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.