10240

V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 49

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 392

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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 Mo (If outside city or town limits, write "RURAL" and name of township)

(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 4 yrs 2 mos 27 days (Specify whether

In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew 011

(c) City or town Bolcow Mo Rural 7 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Bessie Fisher

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Everett G Fisher

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Dec (Month) 25 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	19	hr. min.

9. Birthplace Bolcow Mo Rural (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Ney Thompson
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Shireman
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Perry Brewer

(b) Address Barnard Mo R F D 1

17. (a) (Burial, cremation, or removal) (b) Date thereof April 16, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Bolcow Mo

18. (a) Signature of funeral director J. Fred Tinkum

(b) Address Savannah Mo

19. (a) 4-14-42 (Date received local registrar) (b) Rose Hazog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to April 14th, 1942 that I last saw her alive on April 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Right lower lobe Tachycardia Dont know

Due to Arteriosclerosis with Huntingtons chorea

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 days

108

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 0

23. Signature C. E. Cossins (M. D. ~~or other~~)

Address St Hospital No 2 Date signed 4/14-42

1233

(Licensed Embalmer's Statement on Reverse Side)

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 R. V. Wurst.

Licensed Embalmer No. 3874

P. O. Address St. Joseph Mo.

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.