

5. No. 2
A-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44537

State File No. _____

FILED JAN 4 1943
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1342

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1106 Ridenbaugh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bucanan

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

(d) Street No. 1106 Ridenbaugh
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY FISHER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertha Fisher

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

7. Birth date of deceased Aug. 30 1847
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>96</u>	<u>3</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer, retired

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Fisher

13. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

14. Maiden name Regina Vaeth

15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kendzora

(b) Address 1106 Ridenbaugh

17. (a) burial (b) Date thereof 12/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Josephs (Easton, Mo)

18. (a) Signature of funeral director Easton Bethel Cannon

(b) Address 319 South 10th

19. (a) 12/6/43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1943 hour 6 minute 38P M.

21. I hereby certify that I attended the deceased from Dec. 1, 1943 to Dec. 3, 1943
that I last saw him alive on Dec. 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Duration 4 days

Due to 107

Other conditions General arteriosclerosis Tubercu
(Include pregnancy within 3 months of death)

Major findings: Senility

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 12-6-43

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

12 33

(Licensed Embalmer's Statement on Reverse Side)

John D. Bygones
County Clerk

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 Edna Thomas
Licensed Embalmer No. 2640
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.