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2-43
17-39
X35627

FILED MAY 8 1944
Registration District No. 280

Primary Registration District No. 4421

1. PLACE OF DEATH: Platte
(a) County Platte
(b) City or town Parkville
(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 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Platte
(c) City or town Parkville MO
(If outside city or town limits, write "RURAL")
(d) Street No. 83 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Jacob P. Fishburn
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 29
year 1944 hour 4 minute P.M.

4. Sex Male 5. Color or White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Edna Martin 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 4 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 28 1943 to Feb 29 1944
that I last saw him alive on Feb 29 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 25
If less than one day hr. min.

Immediate cause of death Apoplexy Duration 14 days
Due to Hypertension
Senility

9. Birthplace Bellefonte Pa. 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 83a

10. Usual occupation Farmer

11. Industry or business
12. Name J. Henry Fishburn
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)
14. Maiden name Ester Klopp
15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: 83a
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Frances Fishburn
(b) Address Parkville MO
17. (a) Burial (b) Date thereof Feb 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkville
18. (a) Signature of funeral director L. Hoffman
(b) Address Parkville
19. (a) 4-22-44 (b) Mrs. Clay Huffer
(Date received local registrar) (Registrar's signature)

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? (c) Means of injury
23. Signature H. Campbell (M. D. or other) MD
Address Parkville Date signed 3/2/44

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

MOTHER FATHER

4-28-44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leland G. Francis
Licensed Embalmer No. 3451
P. O. Address Parkville 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.