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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 1712

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community 4 Years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Oregon-Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Verna Jo Fansher

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 26 (Day) 1929 (Year)

8. AGE: Years 15 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Oregon (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Herman Fansher
13. Birthplace Oregon, (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Faye Noble
15. Birthplace Oregon (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Herman Fansher

(b) Address regon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 16 (Day) 1945 (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director James K. Pettijohn

(b) Address Oregon Mo

19. (a) 1-16-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1945 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 10, 1945, to Jan 13, 1945; that I last saw her alive on Jan 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1st 2nd & 3rd degree burns of entire body except back from shoulders to buttock	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) Accident 44

(b) Date of occurrence Jan 10, 1945 0

(c) Where did injury occur? — (City or town) Holt (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? (e) Means of injury Kerosene

23. Signature S. P. Serron MD (M. D. or other)

Address St. Joseph Mo Date signed 1-13-45

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(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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.