

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

FILED JUN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1611 North Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 North St 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1946 hour 4 minute 24 a. M.
21. I hereby certify that I attended the deceased from
April 11, 1946, to May 4, 1946;
that I last saw ~~him~~ her alive on May 3, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: hypostatic pneumonia
Duration _____
Due to 3rd degree burn of both hands
Due to _____

Other conditions: birth palsy - imbecile
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____ 122
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (Country) (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 R. E. Bennett (M.D. or other) D.D.
Address 521 W 4th St, Joplin, MO Date signed 7/4/46

3. (a) PRINT FULL NAME August Fisher, Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: August 11 1921
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name R. August Fisher

13. Birthplace Jackson Co North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Michelle Florence Russell

15. Birthplace La Russell Mo
(City, town, or county) (State or foreign country)

16. (a) Informant August Fisher Sr

(b) Address 1611 N. North St

17. (a) Burial (b) Date thereof May 6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thomhill Dillon

(b) Address 4th & Wall St

19. (a) 5-4-46 (b) _____
(Date received local registrar) (Registrar's signature)

19. (a) 5-4-46 (b) _____
(Date received local registrar) (Registrar's signature)

19. (a) 5-4-46 (b) _____
(Date received local registrar) (Registrar's signature)

19. (a) 5-4-46 (b) _____
(Date received local registrar) (Registrar's signature)

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

46 - 5 - 450

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 Peil A. Larchill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. _____

Registration District No. 15-6 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME August Fisher jr
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 11 (Month) (Day) (Year)

8. AGE: Years 24 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____
(b) Address _____

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) (Date received local registrar) _____ (b) (Registrar's signature) _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
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) Accidental
(b) Date of occurrence April 2, 1946
(c) Where did injury occur? Topping Jasper, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature R. E. Bennett (M. D. or other) D.D.
Address Diamond, Mo. Date signed 6/26/46

SUPPLEMENTARY

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

19610

20738