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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1948

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35650

Registrar's No. 1284

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In Hospital 1 day (Specify whether
In this community 2 months 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 So. 25th St. 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Arthur Robert Fisher

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male 0

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 August (Month) 24 (Day) 1948 (Year)

8. AGE: Years 0 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Arthur Denton Fisher 0
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Luella Pearl Antle
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Arthur Denton Fisher

(b) Address 2716 So. 25th, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director E. R. Sidenfaden

(b) Address 602 South 10th Street

19. (a) 12-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th year 1948 hour 11 minute — A.M.

21. I hereby certify that I attended the deceased from Nov. 6, 1948, to Nov. 7, 1948, that I last saw him alive on Nov. 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	12 hours.
Due to Head cold	3 days.
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

Major findings:
Of operations
Of autopsy Lobar pneumonia

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? Means of injury 0

23. Signature V H Safarlin (M. D. or other) M D

Address 2903 Sherman Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.