

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17145
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002
 (c) City Transvicty (d) Street No. 72 C Gen Hosp Registered No. 1842
 (e) Length of residence in city or town where death occurred yrs. mos. d. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1112 E. 42nd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
73

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

FATHER 13. NAME Adam Fisher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) De uia Clerk
72 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE 72nd St DATE 5/3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Stine - Weck
Ke. Co. Mo.

20. FILED May 2, 1938 M. A. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to 4-30, 1938

I last saw him alive on 4-30, 1938 Death is said to have occurred on the date stated above, at 6:55 PM

The principal cause of death and related causes of importance were as follows:

Fracture of right femur
1862
 Other contributory causes of importance: 16

Bronchopneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident of injury....., 1938

Where did injury occur? at all in home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) P. S. De Maria, M. D.
Supt. Jackson Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)