

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2668

FILED FEB 19 1940

Registration District No. 77

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 7 months

3. (a) PRINT FULL NAME KATHERINE M. FISHER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 29, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 22 hr. min.

9. Birthplace Mt. Vernon Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public School

MOTHER FATHER
12. Name C. W. Fisher
13. Birthplace Sandusky Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Chas. E. B. Budge
15. Birthplace Medina Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Cliff Carmichael
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 1-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Thos. H. Dilla
(b) Address Joplin, Mo.

19. (a) 1-23-40 (b) Ed J. Jerny
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2320 Pennsylvania (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1940 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from January 18, 1940 to January 20, 1940
that I last saw her alive on January 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septococcic Broncho pneumonia
Septococcic Duration 5 days

Due to Contributory Albuminuria, Nephritis acute
Neumococcic Bacteremia

Other conditions Senility
(Include pregnancy within 3 months of death) Arterio Sclerosis

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) _____
(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? _____

While at work? _____ (Specify type of place)
(b) Means of injury 1-

23. Signature W. W. Eurst (M. D. or other) M.D.
Address 34 Dices Bldg. Joplin, Mo. Date signed 1-22-40

RECEIVED

District Health Officer No. 6,

District File Number 240-564

Date Filed FEB 15 1940

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 Don Tetrick

Licensed Embalmer No. 4008

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, above space should be left blank.