S. No. 2
—4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10145

Primary Registration District No. 1001

Registrar's No. 347

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: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months 19 days (Specify whether years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 434 N. 17th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JOSEPHINE FIFER

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife R.R. FIFER

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

7. Birth date of deceased June (Month) 7 (Day) 1867 (Year)

8. AGE: Years 73 Months 9 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Hudson (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Bitterman
13. Birthplace New Jersey 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Vandervoort
15. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Nellie Breckenridge

(b) Address 434 N. 17th St. St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 --28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) Mar 27 1941 (Date received local registrar) (b) A J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1941 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from January 17th, 1941, to March 26, 1941; that I last saw her alive on March 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to Senility

Other conditions 107
(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) none

(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? 85 (Specify type of place)

While at work? (e) Means of injury —

23. Signature J. R. Bunch (M. D. or other) M.D.

Address Sta. Hospital No. 2 Date signed 3-26-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

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.