

No. 2  
-13-40  
-17-39  
X23159

FILED APR 26 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11214

State File No. ....

Registration District No. 477

Primary Registration District No. 4288

Registrar's No. 26

1. PLACE OF DEATH: LEWIS  
 (a) County LEWIS  
 (b) City or town LA BELLE  
(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 1  
(Specify whether  
 In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME JAMES M. Fishback  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. 490-18-7573

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife JESSIE OLIVIA CLAVES  
 6. (c) Age of husband or wife if alive 10 years  
 7. Birth date of deceased: March 10 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 9  
If less than one day hr. min.

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

10. Usual occupation machinist

11. Industry or business gas pump, washing machine

12. Name Adolph Pennfishback

13. Birthplace Barren W. Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Adelle Robnett

15. Birthplace SALEM TOWNSHIP LEWIS COUNTY, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Bridges  
 (b) Address Kahoka Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Mar-21-41  
(Month) (Day) (Year)

(c) Place: burial or cremation La Belle Mo.

18. (a) Signature of funeral director Keith Hudson  
 (b) Address Edina Mo.

19. (a) Mar 20 '41 (b) P.W. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lewis  
 (c) City or town La Belle  
(If outside city or town limits, write "RURAL")  
 (d) Street No. D (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1941 hour 10 am minute 0 M.  
 21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death accidental gun shot wound, in head  
 Due to head

Due to 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1941  
 Of autopsy 31

Duration:  
 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) accident  
 (b) Date of occurrence Mar 19-41  
 (c) Where did injury occur La Belle Lewis Mo  
(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? at work Means of injury gun shot

23. Signature J. Kelly Corbett  
 Address Carroll Mo Date signed 3-19-41

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

680

RECEIVED

District Health Officer No. 10

District File Number 4-41-683

Date Filed APR 10 1941

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

*Keith Hudson*

Licensed Embalmer No. 2415

P. O. Address

*Edina, Minn.*

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.