

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34333
Registrar's No. 953

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2605 1/2 Fredrick Ave.
(d) Length of stay: In hospital or institution 49 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2605 1/2 Fredrick Ave.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ANNA FISHER FIELD
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2nd. year 1941 hour 6 minute 55 P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sigel Field
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 24th 1868

21. I hereby certify that I attended the deceased from 1935 to Oct 2 1941 that I last saw her alive on Oct 2 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 8

Immediate cause of death Apoplexy. Duration 6 yrs
Due to High blood pressure

9. Birthplace Maultrie County Ill.

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Fisher

13. Birthplace Pickaway County Ohio

14. Maiden name Nancy Weaver

15. Birthplace Pickaway County Ohio

16. (a) Informant Mrs. A.C. Burger

(b) Address 2605 1/2 Fred. Ave. St. Joseph

17. (a) Burial (b) Date thereof 10-6-41

(c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address St. Joseph Mo.

19. (a) 10/3/41 (b) H. G. Nestlebaum

Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature H. W. Kearney (M. D. or other) M. D.
Address St. Joseph Mo. Date signed 10-3-41

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.....

Oct 2, 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John F. Hurley

Licensed Embalmer No. *4050*

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.