

S. No. 2
1-14-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6934**

FILED MAR 13 1942

Registration District No. **417**

Primary Registration District No. **3021**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jane Chennel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 32 1/2 S. Main St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sterling Fishby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 12-15-42
19. to 2-5 19. 42
that I last saw him alive on 2-5 19. 42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 22 1858
(Month) (Day) (Year)

Immediate cause of death Arenia - Acidosis Duration 2 days

Due to Generalized Arterio Sclerosis

Cardio-Vascular-Renal

Due to Diarrhea 30 yrs

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 84 Months 10 Days 14 hr. _____ min. _____

9. Birthplace Tulsa and County, Okla Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmed

Major findings: 131A

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George Fishby

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Signe Blue

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Fern Jerseth

(b) Address Webb City

17. (a) Burial (b) Date thereof Feb 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.O.F. Maroonville

18. (a) Signature of funeral director Webb City Head Co.

(b) Address Webb City

19. (a) Feb 7 1942 (b) Mrs. Lillie Apple
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature W. W. Miershagen (M. D. or other) _____
Address 115 N. Madison Date signed 2-6-42

APR 19 1922

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 Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.