S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23374

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3050

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Menorah Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-10-42 8-13-42 (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED: 48 3

(a) State Mo (b) County Jackson

(c) City or town K.C. 8 (If outside city or town limits, write "RURAL")

(d) Street No. 710 W 76th Ter (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Joseph Fisher

3. (b) If veteran name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 75 Months x Days x If less than one day x hr. x min.

9. Birthplace Hungary 8 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Merchant

FATHER

12. Name unknown

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Alex Fisher

(b) Address 710 W 76th Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

18. (a) Signature of funeral director W. Tiglemann & Son

(b) Address K.C. Mo.

19. (a) 8/13/42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/13/42 day year hour minute M.

21. I hereby certify that I attended the deceased from 7/28/42, 19..., to 7/13/42, 19...; that I last saw him alive on 7/12/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Stroke (cerebral thrombosis) — Duration

Due to hardening of arteries —

Due to —

Other conditions (Include pregnancy within 3 months of death) 83 a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Ruh. Whitman (M. D. or other)

Address 7/13/42 Date signed

301

(Licensed Embalmer's Statement on Reverse Side)

Gr. Ullman

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.....

Licensed Embalmer No. 3965

P. O. Address.....

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.