

FILED AUG 19 1942

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 12

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Wm Joseph Fesher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 11 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 11 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Elvins MO.
(City, town, or county) (State or foreign country)

10. Usual occupation mons

11. Industry or business

12. Name Fred Fesher

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

14. Maiden name Margaret Anderson

15. Birthplace Washington Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Fesher

(b) Address Elvins Mo.

17. (a) Burial (b) Date thereof 7-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trouton Mo.

18. (a) Signature of funeral director Caldwell Bros

(b) Address Flat River MO

19. (a) July 18 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois
(c) City or town Elvins
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1942 hour 3 minute _____ A. M.

21. I hereby certify that I attended the deceased from
May 19 1942 to July 16 1942
that I last saw him alive on July 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia Duration 8 mos.

Due to _____

Due to n/a

Other conditions (include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury ○

23. Signature Bruce M. Bull (M. D. or other) M.D.

Address Trouton, Mo. Date signed 7-16-42

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

94
3
1

94
3
1

1126

RECEIVED

District Health Officer No.
District File Number 842-997
Date Filed 8-10-42

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.....

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.