

No. 2
-2-43
5-17-26
FILED JUN 28 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20850

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 667

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1319 Faraon St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1319 Faraon
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary E. Fisher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Fisher

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

7. Birth date of deceased February 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 3 19 _____ hr. _____ min.

9. Birthplace Plattsburg Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John W. Moreland

13. Birthplace Plattsburg Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Anna Baga

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E.L. Smith

(b) Address 1319 Faraon St. St Joseph, Mo

17. (a) Burial (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lwan, Plattsburg

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhour St

19. (a) 6-7-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Patient was dead on arrival 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Angina Pectoris

Due to Mitral Insufficiency

Due to _____

Other conditions (Include pregnancy within 3 months of death)
92 lb

Major findings: Of operations

Of autopsy _____

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) (2) Means of injury _____

23. Signature J.R. Elliott (M. D. or other) M.D.
Address 804 E. Francis St. Joseph Date signed 6-4-43

Duration 3 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1233

JUN 29 1929

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

Robert H. Yaph

Licensed Embalmer No.

3308

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.