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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

Registration District No. 245

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5837

State File No. 3732

Registrar's No. #

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ohio (b) County: Cuyaloga

(c) City or town: Cleveland Heights
(If outside city or town limits, write "RURAL")

(d) Street No.: 3525 Bainbridge Rd.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: RICHARD A. FISHEL

3. (b) If veteran, name war: - -

3. (c) Social Security No.: - -

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: - -

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

7. Birth date of deceased: March (Month) 29 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
18	9	4	- - hr. - - min.

9. Birthplace: Cleveland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Soldier

11. Industry or business: U. S. ARMY

FATHER
12. Name: Clarence Fischel
13. Birthplace: New York (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name: Lillian D. Fishel
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Soldier's Service Record.
(b) Address: Camp Crowder, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 2 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Cleveland, Ohio

18. (a) Signature of funeral director: KNELL Mortuary
(b) Address: Carthage, Mo.

19. (a) 1-2-1944 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

1110

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1944 hour 11 minute 19 A.M.

21. I hereby certify that I attended the deceased from January 1, 1944, to January 2, 1944, that I last saw him alive on January 2, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, cerebral, right occipital region.	
Due to: Fracture left temporal bone.	
Due to: Bus accident	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Same as above.

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): Accident

(b) Date of occurrence: January 1, 1944

(c) Where did injury occur? Highway 71, (City or town) Newton (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 71, 3 miles south of Neosho, Mo. (Specify type of place)

While at work? No (e) Means of injury: Bus Accident

23. Signature: Leon Kalinsky, Capt (M. D. or other) MC

Address: Camp Crowder, Missouri. Date signed: 1-2-44

RECEIVED 1-5-44

District Health Officer No.

District File Number 144-12

Date Filed 1-7-44

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 Emma L. O'Neill

Licensed Embalmer No. 391

P. O. Address Carthage

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.