No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11206

Registration District No. 133 Primary Registration District No. 3127 Registrar's No. 28

19
6
2

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: 207 S. Penn. Ave. 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2

(d) Street No. 20 S. Penn. Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Andrew J. Bisher

3. (b) If veteran, name war ✓

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

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased May (Month) 11 (Day) 1869 (Year)

8. AGE: Years 74 Months 10 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Chief of Police

11. Industry or business .....

FATHER
12. Name Wm. M. Bisher
13. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wood
15. Birthplace 0 (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant R. A. Bisher
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo.

19. (a) Mar. 23 1944 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1944 hour 1130 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1944, to Mch 20, 1944
that I last saw him alive on Mch 20, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

33a

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 R. M. Stormont (M. D. or other)

Address Webb City Mo. Date signed 3/22/44

1180

(Licensed Embalmer's Statement on Reverse Side)

44-3-209

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.