

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

24118

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG - 8 1944
Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 797

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 12th & Ellsworth Sts
(If not in hospital or institution, write street number or location)

(d) Length of stay: Revere yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 12th & Ellsworth Sts
(If rural, give location)

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

3. (a) PRINT FULL NAME REV. JAMES R FISHER

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-7878

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1944 hour 8 minute 20 P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 20 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on Aug 1 1944 to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hr _____ min.

Immediate cause of death: Man shot wound in right thigh. Fatal hemorrhage and shock 1 day

Due to _____

Due to _____

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

10. Usual occupation minister

Other conditions Man accidentally shot himself through the right thigh with a 45 caliber revolver, severed his large vessels 5" below the groin, and died from hemorrhage within 20 min.

Major findings: Of operations: revolver, severed

11. Industry or business _____

12. Name James Fisher

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

14. Maiden name Doctor Leobard

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

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 131

(b) Date of occurrence Aug 1 - 1944

(c) Where did injury occur? St Joseph Buch Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home

16. (a) Informant Jo Ann Plitman

(b) Address 1717 Fifth Ave - St Joseph

17. (a) B (b) Date thereof Aug 3 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland

While at work? No (Specify type of place)

(e) Means of injury Revolver

23. Signature H F Mundy (M.D. or other) Coroner

Address 404 So 3d St Date signed 8/2/44

18. (a) Signature of funeral director St James Funeral Home

(b) Address St Joseph Mo

19. (a) 8/3/44 (b) Severed Fisher
(Date received local registrar) (Registrar's signature)

1377

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1944

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.